AECS 2021 Moorland and/or Lowland Bog Management Plan claim form



Part 1 – Your details				
Location code				
Case reference number				
Case reference number				
Business Reference Number (BRN)				
Business name				
Business address				
24011000 4441000				
Postcode	Phone number			
Mobile phone number				
F				
[mail address				
Email address				

Part 2 – Your claim details for moorland and lowland bog management plans I/we wish to apply for financial assistance on the cost of carrying out the following (please tick): Moorland management plan a) For areas less than 50 hectares in size, a payment of £100 b) For areas 50 hectares and up to 100 hectares in size, a payment of £200 c) For areas greater than 100 hectares and up to 200 hectares in size, a payment of £400 d) For areas greater than 200 hectares in size, a payment of £600 Lowland bog management plan e) For lowland bog management plans covering 10 hectare or more a payment of £300 Total cost claimed: £ Part 3 - Declaration to be completed by all claimants I/we declare that I/we have read and understood the rules, conditions and requirements of the Agri-Environment Climate Scheme as detailed on the Rural Payments and Services website. I/we understand that any false or misleading statement I/we make may result in the withholding or recovery of all or part of any payments. Signed: Name: Status of person signing: (for example, sole trader, partner, director, trustee, agent) Please enter the agent identification number (if applicable)* Date:

IMPORTANT INFORMATION

*If this form is to be submitted by an agent, the agent must obtain the applicant's authority before the form is submitted. Use <u>form PF05</u> for this, which is also available from any RPID area office

If the claimant is a limited company (or other corporate body) the claim must be signed by a director, the company secretary or another duly authorised officer. Enter their status above.

The signatory should sign in his or her own name and not the name of the business, or a partnership name.

This form should be returned to your local RPID area office.

For official use only			
I confirm that the claim is fit for purpo	se and is certified for payn	nent	
Signed:	Date:		
Name:	User ID:		
A payment of £ hasb	een authorised		
Signed:	Date:		
Name:	User ID:		