Business split (scission) notification form



Notes for guidance

Business split (scission) between 16 May 2013 and 15 May 2015.

A business split (scission) occurs when, between 16 May 2013 and 15 May 2015, a business is split creating either:

- at least two new separate businesses, of which at least one remains controlled in terms of management, benefits and financial risk by one of the persons (legal or natural) who managed the original business
- at least one new business, the other one remaining controlled in terms of management, benefits and financial risks by the original business.

Each business must provide details of how they want the value of the Single Farm Payment Scheme (SFPS) payment entitlements held on 15 May 2014 by the original business, shared between the original business and the new separate business.

The person managing the original business **and** the person managing the businesses created as a result of the business split should complete this form and return it, together with the relevant supporting documentation to:

Rural Payments and Inspections Division
Direct Payments Team
Q1 Spur
Saughton House
Broomhouse Drive
Edinburgh
EH11 3XD

RPID will acknowledge receipt of your application form. If you have not received an acknowledgement letter within 15 days from the date of posting, please call the Direct Payments Team on 0300 244 9564 without delay.

Notification forms must be received by RPID on or before 15 June 2015.

IMPORTANT INFORMATION

Completion of this form is **NOT** an application for entitlements.

To apply for Basic Payment Scheme entitlements you must submit a Single Application Form 2015 and, if applicable, an allocation of entitlement application by 15 June 2015.



Part 1 – Details of th	ne original business which has split			
Business 1				
Business Reference Number (BRN)				
Business name				
Business address				
Postcode				
Phone number				
Mobile number				
Email				
Status of the business:				
(for example, sole trader, partnership, company, trust)				
Part 2 – Details of th	ne business created as a result of the split			
Enter details of the n	new businesses been created as a result of the business split.			
Business 1				
Business Reference Number (BRN)				
Business name				
Business address				
Postcode				
Phone number				
Mobile number				
Email				
Status of the business				
(10) example, sole tra	ader, partnership, company, trust)			

Part 2 – Details of the business created as a result of the split (continued) **Business 2 Business Reference Number (BRN)** Business name **Business address** Postcode Phone number Mobile number **Email** Status of the business: (for example, sole trader, partnership, company, trust) **Business 3** Business Reference Number (BRN) Business name **Business address** Postcode Phone number Mobile number

If there are more than three new businesses put the details on a separate sheet, sign them, and attach them to this application.

Email

Status of the business:

(for example, sole trader, partnership, company, trust)

	Share of value of SFPS	Area of holding (in		
	payment entitlements (%)	hectares)		
Original business				
New business no. 1			_	
New business no. 2				
New business no. 3			_	
New Business no. 5		<u> </u>		
Part 4 – Date of business s	split			
Date of split				
This date must be between	n 16 May 2013 and 15 May	2015		
Part 5 – Evidence				
Fait 3 - Evidence				
Evidence of the business split MUST be submitted with your application. However, if you have previously provided documentary evidence in relation to an earlier assessment you do not have to resubmit the evidence. In such cases you should indicate below the documents sent to RPID, when they were sent and provide a copy of any related correspondence from RPID.				
Dataila of avidance alread	h, aubasittad ta DDID.]	
Details of evidence alread	ly submitted to RPID:			
]	
			1	
List of documents enclose	ed with this application:			
İ			I	

Part 3 – Allocation of SFPS 2014 payment entitlements following the split

Part 6 - Declaration

- 1. I/we request that this notification be considered under the business merger arrangements pertaining to the Basic Payment Scheme and I/we declare that the information given by me/us in this notification is true and complete to the best of my/our knowledge and belief.
- 2. I/we am/are over 16 years of age.

Signed on behalf of the original business

- 3. I/we understand that if I/we knowingly or recklessly make a false statement, I/we may be prosecuted. If I/we deliberately, or by way of serious negligence, make a false statement I/we may be excluded from participating in the Basic Payment Scheme and other Direct Payments and any payment made may be recovered.
- 4. I/we have enclosed all relevant documents relating to this notification.

Signature			
Name			
Status of person signing			
(for example, sole trader, partner, director, trustee, agent)			
Agent identification number (if applicable)			
Date			
Signed on behalf of new business number one			
Signature			
Name			
Status of person signing			
(for example, sole trader, partner, director, trustee, agent)			
Agent identification number (if applicable)			
Date			

Part 6 - Declaration (continued)

Signed on behalf of new business number two			
Signature			
Name			
Status of person signing			
(for example, sole trader, partner, director, trustee, agent)			
Agent identification number (if applicable)			
Date			
Signed on behalf of new business number three			
Signature			
Name			
Status of person signing			
(for example, sole trader, partner, director, trustee, agent)			
Agent identification number (if applicable)			
Date			