## Farm Environment Assessment claim form



| Part 1 – Your details  |  |  |  |
|--|--|--|--|
| Location code  Case reference number   |  |  |  |
| Business Reference Number (BRN)  |  |  |  |
| Business name  |  |  |  |
| Business address   |  |  |  |
| Postcode Phone number  |  |  |  |
| Mobile number  |  |  |  |
| Email  |  |  |  |
|  |  |  |  |
| Part 2 – Your claim details  |  |  |  |
| I/we wish to apply for financial assistance on the cost of carrying out the following (please tick):                     |  |  |  |
| a) For areas up to and including 50 hectares in size, a payment of £200  |  |  |  |
| b) For areas greater than 50 hectares and up to and including 200 hectares in size, a payment of £400                    |  |  |  |
| c) For areas greater than 200 hectares in size, a payment of £600  |  |  |  |
| d) For lowland bog management plans covering over 10 hectares which includes two or more sub-plans, a payment of £300    |  |  |  |
| e) For moorland management plans covering more than 300 hectares which includes two or more sub-plans, a payment of £600 |  |  |  |
| Total cost claimed: £  |  |  |  |

## Part 3 – Declaration (to be completed by all applicants)

| 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 form PF05 for this, which is available from any RPID area office or at https://www.ruralpayments.org |  |  |  |
| 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.   |  |  |  |
| Visit https://www.ruralpayments.org to find the contact details of your nearest office.  |  |  |  |
|  |  |  |  |

| For official use only:   |         |  |  |
|--|---------|--|--|
| I confirm that the claim is fit for purpose and is certified for payment |         |  |  |
| Signed   | Date    |  |  |
| Name   | User ID |  |  |
|  |         |  |  |
| A payment of £ has been authorised                                       |         |  |  |
| Signed   | Date    |  |  |
| Name   | User ID |  |  |