

Authorisation for a named Agent to complete forms and/or receive payments on behalf of a business or an individual.

AA1

Rural Payments and
Inspections Directorate

(SGRPID)



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Date of receipt	Data Capture & Letters issued	
	Date	
	Initials	

Business - Complete Sections 1, 3 and part of 4

Agent - Complete Sections 2 and part of 4

Section 1 - Details of Business and/or Holding.

Main Location Code (county/parish/holding)									
Business Reference Number (BRN)									
Business Name									
Contact Name									
Contact Details									

Section 2 - Details of Authorised Agent

Agent ID No (if already allocated)	
Agent Name (Enter the trading name used by the agent)	
Agent Address	
Postcode	
Telephone Number	
E-mail Address	
Fax Number	

Section 3 – The submission agent named in Section 2 is authorised to sign applications, claims or any other forms for the following:-

Agricultural Schemes.	Tick as Appropriate: ✓
Single Application Form (SAF) Covering: Single Farm Payment Scheme (SFPS), Less Favoured Areas Support Scheme (LFASS), Protein Crop Premium (PCP), Energy Crops Scheme (ECS), Nuts Aid Scheme (NAS)	<input type="checkbox"/>
Scottish Beef Calf Scheme (SBCS)	<input type="checkbox"/>
Land Management Contract Menu Scheme (LMCMS)	<input type="checkbox"/>

SRDP Programme	
LEADER	<input type="checkbox"/>
Food Processing Marketing & Co-operation	<input type="checkbox"/>
Challenge Funds (Woodland In and Around Towns and Forestry for People)	<input type="checkbox"/>
Rural Development Contracts – Rural Priorities	<input type="checkbox"/>
Rural Development Contracts – Land Manager’s Options	<input type="checkbox"/>
Skills Development Scheme	<input type="checkbox"/>

Rural Grant Schemes	
Environmentally Sensitive Area (ESA) Scheme	<input type="checkbox"/>
Countryside Premium Scheme (CPS)	<input type="checkbox"/>
Habitats Scheme (HABS)	<input type="checkbox"/>
Organic Aid Scheme – Conversion (OASC)	<input type="checkbox"/>
Organic Aid Scheme – Maintenance (OASM)	<input type="checkbox"/>
Rural Stewardship Scheme (RSS)	<input type="checkbox"/>
Farm Woodland Premium Scheme (FWPS)	<input type="checkbox"/>
Farm Woodland Scheme (FWS)	<input type="checkbox"/>
Scottish Forestry Grants Scheme : Farmland Premium (SFGS - FP)	<input type="checkbox"/>
Scottish Forestry Grants Scheme	<input type="checkbox"/>
Woodland Grant Scheme	<input type="checkbox"/>
Agricultural Business Development Scheme (ABDS)	<input type="checkbox"/>
Farm Business Development Scheme (FBDS)	<input type="checkbox"/>

Crofting Schemes	
Croft House Grant Scheme (CHGS)	<input type="checkbox"/>
Crofting Community Development Scheme (CCDS)	<input type="checkbox"/>
Crofting Counties Agricultural Grants Scheme (CCAGS)	<input type="checkbox"/>

Others	
Agricultural Census	<input type="checkbox"/>
Land & Business Change Form (LBCF)	<input type="checkbox"/>
Bankers Automated Clearing System (BACS)	<input type="checkbox"/>
Other (please specify) :	<input type="checkbox"/>

Data Protection Act 1998 / Environmental Information (Scotland) Regulations 2004 / Freedom of Information (Scotland) Act 2002

SGRPID will use the information we receive as part of this form internally for administration purposes. In limited circumstances SGRPID may be required to release information, including personal data and commercial information, on request under the Environmental Information (Scotland) Regulations 2004, or the Freedom of Information (Scotland) Act 2002. However SGRPID will not permit any unwarranted breach of confidentiality nor will we act in contravention of our obligations under the Data Protection Act 1998

SGRPID or its appointed agents may use the name, address and other details on your application forms to contact you in connection with occasional customer research aimed at improving the services that SGRPID or its appointed agents provides to you.

Section 4 - Declaration

I/We on behalf of the business listed in section 1, hereby authorise the agent named in section 2, to act in the following capacity on my behalf and that this will create a legally binding agreement between the agent and myself. I/We understand that any information given by the agent will be deemed to have been provided by this business and that this business will be subject to any penalties for non-compliance with the regulations and scheme rules which apply.

Please tick ✓ one or more of these boxes :

▪ **Submission Agent**.....
 (tick if you want an agent to submit applications, claims or any other forms on your behalf as per Section 3)

▪ **Payment Agent**
 (tick if you want **all** your scheme payments to be paid to a bank/building society account controlled by the Agent named in section 2)

I/We understand that these arrangements will remain in force until such time as I/we give SGRPID written notice that they are cancelled.

This form will be acknowledged to both parties within 7 working days of receipt.

Authorised Signatory of business at Section1 (Sign here)		Date	
Name of Signatory (BLOCK CAPITALS)			
Status Eg partner, Director, Sole Trader			
Signature of Agent		Date	
Name of Agent (BLOCK CAPITALS)			

Note: This Form must be completed and submitted to SGRPID with, or in advance of, the first applications, claims or any other forms signed by the agent and in time to comply with the published closing date.