



Environmental Stewardship Agent authorisation

How to use this form

Important: before you complete this form, please read your agreement/handbook and supplements (if any). If you need further guidance please contact the Rural Payments Agency.

- This form should be completed by applicants/agreement holders who wish to authorise an agent to act on their behalf.
- To revoke the authorisation of a previously authorised agent, notify the Rural Payments Agency immediately, by calling Rural Payments on 03000 200 301 (Rural Payments Helpline number) or send an email to ruralpayments@defra.gov.uk.
- If you wish to nominate more than one agent to act on your behalf you must complete separate Authorisation forms for each agent.
- Please write clearly in **black ink** and BLOCK letters. Any alterations must be initialled and dated. Do not use correction fluid.
- Please email your completed form to ruralpayments@defra.gov.uk. Or you can post it to your local Rural Payments office (find the addresses online at Agreement holders' information). You are advised to keep a copy for your records.
- This form is available from the Rural Payments helpline. Call 03000 200 301 to request an 'Agent Authorisation' form. You can download and print the form from GOV.UK. Search for: environmental-stewardship-agent-authorisation.

Data Protection

For information on Data Protection go to www.gov.uk and search for "Rural Payments Agency Personal Information Charter".

Section 1: Details of applicant/agreement holder

1 a	Application/agreement reference number	
b	Name of applicant/agreement holder	
	Title (Mr/Mrs/Miss/Ms)	Initials
	Forename(s)	
	Surname	
С	Business name	
d	Correspondence addesss (including postcode)	
е	Telephone number (including national dialling code)	
f	Mobile number	
g	Email address	
Se	ction 2: Agent details	
2 a	Name of agent	
	Title (Mr/Mrs/Miss/Ms)	Initials
	Forename(s)	
	Surname	
b	Business name	
С	Correspondence addesss (including	
	postcode)	
d	Telephone number (including national dialling code)	
е	Mobile number	
f	Email address	

g Preferred method of contact Telephone Mobile Email Letter

Signature	Name (BLOCK letters)	Status	Date

Section 3: Declaration

I the applicant/agreement holder at section 1, hereby authorise the agent at Section 2 to act in the following capacity on my behalf and create a legally binding agreement between the agent and myself.

Please tick one or more of the following boxes:

Application Submission (tick if you want an agent to submit the application on

Agent your behalf)

Agreement Management (tick if you want to authorise an agent to be responsible

Agent for managing your agreement)

Agreement Payment (tick if you want your scheme payments to be paid to an

Agent* agent)

*If you are authorising an agent to act as an Agreement Payment Agent an assignment letter must be submitted with each claim. This must provide the name and address of the agent and the individual on whose behalf the agent is acting and the agreement reference, and must give clear instructions that payments should be made to the agent. It must be signed by the individual on whose behalf the agent is acting.

I declare that:

- the information given in this form is to the best of my knowledge correct and I/we accept full responsibility for it.
- I will manage the Agreement in accordance with the provisions in the Agreement and the relevant Handbook.

This declaration must be signed by the applicant/agreement holder named at Section 1 of this form.

Signature	Name (BLOCK letters)	Date

WARNING

If you knowingly or recklessly make a false or misleading statement to obtain aid for yourself or anyone else, you risk prosecution (which could result in imprisonment, a fine or both), the loss of all aid paid to you under the scheme(s) in respect of which you have made a commitment, and exclusion from certain schemes for up to two years.