



The European Agricultural Fund for Rural Development: Europe investing in rural areas

For official use: date received

Office address

Environmental Stewardship Supplementary land ownership and control form

How to use this form

Important: before you complete this form, please read your Environmental Stewardship handbook and supplements (if any). If you need further guidance please contact the Rural Payments Agency helpline on 03000 200 301.

- This form must be completed if you wish to apply for Entry Level, Organic Entry Level or Higher Level Stewardship and you do not have management control over part/all of the land included within your application for the entire length of any agreement resulting from your application.
- 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 Rural Payments helpline, call 03000 200 301 to request the 'ES Supplementary Land Ownership and Control' form. You can also download and print the form from the GOV.UK website: search for: environmental-stewardship-supplementary-landownership-and-control.

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

If you will not have management control over part/all of the land included within your application for the entire length of any agreement resulting from your application, you must make a countersigned application with a person who can take over your responsibilities on the relevant land. This person must complete Section 2 and read and sign the Declarations and Undertakings at Sections 3 and 4.

- 1. a) Application/
 - Agreement reference number
 - **b)** Name of applicant

Title (for example, Mr, Mrs, Miss)

Initials

Forename(s)

Surname

- c) Business name
- d) Correspondence address

Town

County

Postcode

- e) Telephone number (including national dialling code)
- f) Mobile number
- g) Email address
- 2. Authorisation for an agent to complete a Supplementary land ownership and control form on behalf of the applicant.
 - a) I am an agent completing this form on behalf of the applicant. Yes No If 'NO', please go to Section 5.
 - **b)** If 'YES' the individual on whose behalf you are completing this form must have authorised you to complete it. If no written authorisation has been supplied previously for this agreement you must submit it with this completed form.

Please tick to confirm if an authorisation form is attached.

Please tick to confirm if an authorisation form has been previously supplied.

Section 2: Details of countersigning applicant

3.a) Name of applicant

Title (for example, Mr, Mrs, Miss) Initials

Forename(s)

Surname

- **b)** Business name
- c) Correspondence address

Town

County

Postcode

- d) Telephone number (including national dialling code)
- e) Fax number (including national dialling code)
- f) Mobile number
- g) Email address
- **4.** Authorisation for an agent to complete a Supplementary land ownership and control form on behalf of the countersigning applicant.
 - a) I am an agent completing this form on behalf of the countersigning Yes No applicant.

If 'NO', please go to Section 3.

b) If 'YES' the individual on whose behalf you are completing this form must have authorised you to complete it. If no written authorisation has been supplied previously for this agreement you must submit it with this completed form. Please tick to confirm if an authorisation form is attached.

Please tick to confirm if an authorisation form has been previously supplied.

Section 3: Declaration to be made by the countersigning applicant(s)

I/We declare that

- in applying for Environmental Stewardship I/we confirm that I/we are over 18 years of age;
- I /we have read and understood the Handbook and supplements (if any) relevant to the scheme for which the applicant is applying and the information provided by the applicant named at section 1 on this form and the attached maps; and
- the information given in this form is to the best of my/our knowledge correct and I/we accept full responsibility for it.

Tick all boxes which apply

I am/We are the freehold owner of part/all of the land in this application.

I am/We are the tenant of part/all of the land in this application and my/our tenancy is for a minimum period of the entire duration of any agreement that may result from this application.

• in the event that the applicant named in Section 1 of the application form ceases to have control over the relevant land (the land over which I/we can undertake management control), I/we will have control over the relevant land for the remainder of the agreement.

Section 4: Undertakings

I/We undertake that if the applicant named in Section 1 of the application form ceases to have control over the relevant land (the land over which I/we can undertake management control) at any time before the completion of the full term of any agreement resulting from this application, including, but not limited to, where I/we terminate the applicant's possessory interest in or control over the relevant land, I/we will from the date of such cessation, ensure that all the obligations under any agreement over the relevant land will be properly fulfilled until the expiry date of that agreement.

Where the Rural Payments Agency, acting on behalf of the Secretary of State, has good reason to believe that I/we have failed to fulfil the obligations identified in the previous paragraph(e.g. by not complying with relevant option prescriptions or by breaching the standards of Cross Compliance) or where it is reasonably believed that false or misleading information has been given by me/us in this form or in subsequent correspondence relating to this scheme, it may terminate this agreement and I/we agree to repay on demand, with interest, any aid paid to me/us or the applicant under the agreement. I/We acknowledge and agree that, in the event of a serious breach of any obligation contained within the agreement by me/us, I/we are subject to any additional penalties set forth in the Handbook and supplements (if any) relevant to the scheme for which the applicant is applying.

In the event that I/we are required to fulfil the obligations under the agreement by reason of the preceding Undertakings, I/we also agree, in that event, to make and abide by the undertakings in relation to "Permission to carry out operations on a SSSI" and "Maintenance of weatherproof traditional farm buildings", as set out in Section 4 of the application, which I/we have read and understand.

In addition, I/we undertake to:

- allow access to any land and any relevant records to which the application relates, to any authorised person within the meaning of regulation 2 of the Common Agricultural Policy (Control and Enforcement, Cross-Compliance, Scrutiny of Transactions and Appeals) Regulations 2014 ("authorised person") for the carrying out of an inspection, in order to verify the accuracy of any information provided in respect of this scheme and to ensure compliance with these undertakings.
- provide any additional information as may be required by any authorised personnel to cooperate with or take part in any economic environmental or other monitoring and evaluation of the scheme (including any research and development studies) conducted by the Rural Payments Agency or Natural England or by anyone appointed for that purpose.

This declaration and undertaking must be signed by either the countersigning applicant or by an agent who has written authority from the countersigning applicant.

Signature

Name in BLOCK letters

Status

Date

Section 5: Declaration to be made by the applicant

I declare that:

• The information given in this form is to the best of my knowledge correct and I accept full responsibility for it.

This declaration must be signed by either the signatory to the application or by an agent who has written authority from the named signatory

Signature

Name in BLOCK letters

Status

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.