The Customer Register

Registration Form - CReg 01



Notes - Read the guidance very carefully before you start.

- This form should be completed on behalf of your business and the people associated with your business.
- Use CAPITAL LETTERS and black ink.
- Write within the boxed areas only.
- If you need help to fill in this form, contact the Customer Service Centre on 0845 603 7777
- Do not use correction fluid. If you make a mistake, cross through it, sign and date it.
- If you are only applying for a County Parish Holding number (CPH) and are not claiming payments, you must complete Part A and Part B, then confirm that you are not claiming payments at Part D1 and sign at Part E. The remainder of the form is optional.

<u> </u>		
OFFICIAL USE ONLY Single Business Identifier Number		
Vendor Number		
Trader Number		OFFICIAL USE ONLY
Part A Business details	Part A must be completed. For the purpose of the Customer Register we use the term business to mean all of our customers.	
Part B Business contacts	Part B must be completed to identify the main people you wish us to contact regarding your business.	
Part C Other agricultural land	You should complete Part C if you have other agricultural places of business. Write in this box how many copies of Part C you have enclosed.	
Part D Payment details	You should complete Part D if you wish to claim any payments from RPA, either directly or via RDAs, Natural England or Government Offices. If you are not claiming payments you will need to mark the box at D1	
Part E Undertakings and declarations	Part E must be signed by all the people who are identified on the form.	
If you have enclosed any other do	cuments with this form write in this box how many documents you have end	losed

Rural Payments Agency, Lancaster House, Hampshire Court, Newcastle Business Park, Newcastle upon Tyne, NE4 7YH

Customer Service Centre: csc@rpa.gsi.gov.uk or 0845 603 7777. Website: http://www.rpa.gov.uk

The Rural Payments Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs (Defra)

		details										
A1 Name of your	business											
						mean all of ou te this questio					orrespo	ndence
A2 Your main pla	ace of busines	ss address ar	nd contact	details								
												DE
						for land with c from this addre						his
			Telepho	one num	ber		Mobile number					
			0				0					
E-mail address												
(PI) number i	n the boxes p	provided if the	ey are an	existing c	ustomer.	ble 1 at appen h them in Wel: Welsh			·			ntifier
Title	Name and	Surname				Communica	ation R	ole	PI (If kn	iown)		
litle	Name and	Surname				Communica	ation R	ole	PI (If kn	iown)		
litle	Name and	Jurname				Communica	ation R	ole	PI (If kn	own)		
litle	Name and	ourname				Communica	ation R	ole	PI (If kn	own)		
litle	Name and	ourname				Communica	ation R	ole	PI (If kn	own)		
litle	Name and	Surname				Communica	ation R	ole	PI (If kn	nown)		
A4 What activity	best represe	nts your bus						ole	PI (If kn	nown)		
A4 What activity	best represe A of the gui	nts your bus dance notes	and enter	the appro	opriate code(s)	s given?	oelow.	ole	PI (If kn	nown)		
A4 What activity See appendix A5 Which of the	best represe A of the gui	nts your bus dance notes sents the leg	and enter	the appro	opriate code(s) siness? Mark o	s given?	pelow.				name at	:A1
A4 What activity See appendix A5 Which of the If you are a lin must be the L	best represe A of the gui	nts your bus dance notes sents the leg ny you must y name.	and enter	the appro	opriate code(s) siness? Mark o	s given? In the boxes bonly one box woration referen	pelow.	er at A6		business	name at	

A6 Give the reference numbers that apply to your bus	iness in the boxes below.	
Companies House Certificate of Incorpora	tion reference number	
VAT registration number		
Registered Charity number		
IACS number		
Vendor number		
Trader number		
A7 If you have a (CPH) for the main place of business a provided.	ddress given at A2 enter it in the box	
If you do not have a CPH number for this address ar	nd require one, mark this box with an 'X	C.
A8 Which of these best describes the terms of your occ	cupation of the main business address?	
Owner X Owner-occupie	er 🔲 Tenant (364 days or less	Tenant (365 days or more)
A9 In which countries in the United Kingdom does you Mark all that apply with an X and enter any reference		
England X Wales X	Scotland Northern Irela	nd No UK agricultural land
	Business reference number (So	otland only)
	Customer reference number	(Wales only)
	Business reference number (Nor	thern Ireland only)
A10 Common land details		
Name of Common land	Cor	nmon land number
	Cor	nmon land number
Name of Common land		
	Cor	nmon land number
Name of Common land		

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Part	R٠	Rus	inecc	conta	acts

In this part you are asked to provide details of the main person you wish us to contact regarding all aspects of your business. If you do not complete this part the form will be returned to you. If you claim under the Single Payment Scheme (SPS) you are also given the opportunity to appoint someone other than the main contact to act on behalf of your business for SPS purposes only. This can be done at B9 to B13.

В1	Who woul	ld you	like	to be	the r	nain c	ontact	for yo	ur busi	iness?	•													
Tit	:le	١	Nam	ıe an	d Su	ırnam	е											ΡI	(If	knov	wn)			
В2	Where sho This will be (SPS) relat	e the a	ddre	ess to	whic	h we v	will se	nd all l ner add	ousine: dress.	ss cori To do	respor this yo	ndenc ou will	e. Ho I need	wever to co	it is p nplet	oossib te B9 t	le to to B1	have 3.	e all !	Singl	e Pay	ment	Sche	me
	If the addr	ess an	d co	ntact	deta	ils are	the sa	me as	those p	provid	led at	A2, m	ark th	is box	with	an 'X'	and	go to	ь В3	•				
	If the cont	act det	ails	are d	iffere	nt the	n com	plete t	he box	ces be	low.													
								ephor	ne nun	nber						Nobile	e nur	mbe	r					
							0)								
E-n	nail addres	ss																						
						Ш	Ш			Ш	Ш		Щ			Ш				Ш		Ш		Ш
																						,	Yes	No
В3	Has this pe	erson b	oeen	ı nam	ed as	a lega	ally res	ponsil	ole per	son fo	or the	busine	ess at	A3? If	'Yes'	go to	B7 if	'No'	go	to B4	1.		X	X
В4	If you wou	ıld like	us t	o con	nmun	nicate v	with th	nis pers	son in \	Welsh	ı, plea	se ma	rk this	box.										X
В5	Which role Select the	e type	best	desc	ribes	this p	erson	s role	in the l	busine	ess?	260 PG	nt o c											
			•					•			J													
В6	If you have Mark one																whic	h the	ey ca	an as	k RPA	∖ to cl	hange	١.
	You want t change all												ess in	cluding	g fina	ncial o	detail	ls and	d to	be a	ble to	ı		X
	You want to be able	this pe to cha	rsor nge	to b	e able	e to ac nation	cess a . (Part	ll infor ial Emp	mation oowerr	n abou ment)	ıt your	busir	ess ir	ıcludin	g fina	ancial	detai	ils bu	ıt do	not	want	them	1	
	If this person withdrawnules perm	wals) a	and a	r lega associ	lly or iated	fully e under	mpov taking	vered, gs mad	RPA w e by th	vill acc nat ind	ept ar lividua	ny clai Il as be	m app eing o	licatio n beha	ns (in alf of	ıcludir the bı	ng su usine	ıbsec ss, w	quer /her	nt am e the	endn sche	nents eme		
В7	Is your bus	siness	clain	ning (ındeı	r SPS?	If 'No	' go to	Part C													•	Yes	No X

В8	Would you purposes o	like nly?	to nominate someon If 'No' go to Part C.	e other than the	e person ide	ntified at B	1 to act on be	ehalf of you	ur business	s for SPS	Yes	No 🔀
В9	Give the na	ıme o	of the person in the b	oxes provided	below. Ente	r their PI nı	ımber if thev	are are an	existing c	ustomer.		
Titl			Name and Surnam	·						f known)		
B10			we contact this pers is the same as the ad-		at A7 or B7	mark tho r	olovant boy				A2	B2
	Otherwise	e cor	nplete the address bo	ox below.	al AZ OI BZ	mark the r	elevanii box.				X	X
				Telephone	number			Mobile	number			
_				0				0				
E-m	ail addres	S										
B11	If you wo	uld li	ke us to communicat	e with this pers	on in Welsh	, please ma	ırk this box.					X
B12			st describes this pers									
D12			ropriate code from e A to disclose claim inf					na subsea	uent amer	ndments or w	ithdrawal	c)
כום	you must	marl	one of the boxes be	low.	cpt ciaiiiis i	rom triis pe	ison (includi	ng subscq	aciit airici	idificitis of w	itiiaiawai	3)
										View SPS	claims	
								\	View and	amend SPS	claims	X
						View	and amend	SPS cla	ims and ı	receive all S	PS mail	
	If you wou	ıld lik	e to place time limits	on any empow	erments you	u must also	record them	here.				
						Er	npowerme	nt start da	ate			
						E	mpowerme	ent end da	ate			

If you have any other agricultural places of business you must complete this part of the form. If you do not have any other agricultural places of business then go to Part D. C1 If you need more copies of Part C photocopy this part and attach the copies to the form. Please make sure you write your SBI number on each separate part. Number each Part C that you complete (ie 1, 2, 3 etc) in this box: C2 Address of other place of business Mark the relevant box with an 'X'. If 'other', complete the address box below. Other Address at B2 (go to C3) Address at B10 (go to C3) Address at B10 (go to C3) Address at B10 (go to C3) If his is not a postal address you must provide grid references or field numbers in the boxes provided. Grid reference or field number (s) in which land lies. (An example of the correct format is provided in the first row. If you need more space than provided here, continue on a separate sheet in the same format. Please make sure you write your SBI number on each separate sheet in the same format. Please C3 If you have a CPH for this address, enter it in the box provided.	Part C: Other agricultural lan	ıd						
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C3 If you have a CPH for this address, enter it in the box provided.	space than provided here, continue on a sepa	rate sheet in the same format. Pl						
	C3 If you have a CPH for this address, enter it in the	ne box provided.						
If you do not have a CPH for this address and require one, mark this box with an 'X'	If you do not have a CPH for this address and r	equire one, mark this box with a	n 'X'					
C4 Which of these best describes the terms of your occupation of this address?	C4 Which of these best describes the terms of yo	our occupation of this address?						
Mark one box with an 'X'. If the terms of your occupation change it is your responsibility to inform the RPA.	Mark one box with an 'X'. If the terms of your	occupation change it is your resp	oonsibility to inform the RPA.					
Owner 🛛 Owner-Occupier 🔲 Tenant (364 days or less) 🔲 Tenant (365 days or more) 🖂	Owner 🛛 Owner-Oc	cupier 🔲 Tenant (364 c	days or less) 💢 Tenant (365 c	lays or more)				
C5 What activity best represents your business at the address given? See appendix A of the guidance notes and enter the appropriate code (s) in the boxes below.			boxes below.					
	_							

Part D: Payment details
D1 If you are not claiming payments from RPA, either directly or via RDA's, Natural England or Government Offices mark this box with an 'X' and go to Part E.
D2 Enter the account details of where you want the payment you are claiming to be paid into. (If you wish to redirect payments to a third party you will need to complete a Payment Redirection Form Creg 08)
Incomplete information will result in your form being returned and could delay any pending payments. If you choose to be paid in euro then you must provide details of a euro account.
Sort code
Account number
Account name
Roll number (Building society if applicable)
D3 Which currency do you wish to be paid in? Mark one box with an 'X'. See guidance notes for details of the instructions that apply to payments in euro.
Sterling (go to D5) Kuro (go to D4)
D4 Which scheme (s) do you want to be paid in euro via transfer into the account specified above? See appendix C of the guidance notes and enter the appropriate code (s) in the boxes provided.
D5 Specify the address to which you would like us to send your remittance advice.
Address at A2 X Address at B2 X Address at B10 X

Part E: Undertakings and Declarations

This must be signed by the people on the form identified at A3. If there are more than two legally responsible people for the business and you require more Part E's, please photocopy this part or call the Customer Service Centre to request extra copies. Please make sure you write your SBI number on any attached copies.

I/we undertake:

- That in the event of any of the details supplied in this form changing, I/we will inform the RPA of such change as soon as practicable and in any event prior to any subsequent claim for payment being made;
- I/we will provide any additional information relating to this form as may be reasonably required by RPA;
- that in the event of me applying for registration in another business I/we will inform RPA of any other business in which I/we have any interest and which is already registered as a business with RPA;
- I/we certify that the information given in this registration form is correct;

All legally responsible people at A3.	
Signature	Date
	DD/MM/YYYY
Name	
Signature	Date
	DD/MM/YYYY
Name	
If the persons identified at B1 and B9 are not legally responsible for t the boxes below.	he business they must provide a sample of their signatures in
Signature	Date
	DD/MM/YYYY
Name	
Signature	Dete
	Date DD/MM/YYYY
Name	

Data Protection

DEFRA is the data controller in respect of any personal data that you provide to the Rural Payments Agency. Your personal information will be protected in line with the Data Protection Act 1998. The information will be used mainly to support the application to which it relates. The information may also be used in line with the Data Protection Act, for other purposes as explained in scheme guidance and on the RPA website. If you have any questions please contact the Customer Service Centre.