

## Agent authority form – Legacy Grants and Felling Licences (including CS 2015 capital grants)

Use this form to provide your agent or representative with authority to act on your behalf when dealing with the Forestry Commission. This form should also be used to change existing agent authority.

### Agreement reference:

### Part A: Agent Details

1. Name:

2. Company:

3. Street and town:

4. County:

5. Postcode:

6. Landline:

7. Mobile number:

8. Email address:

9. Rural payments CRN:

10. Agent/representative  
signature:

11. Status:                      Agent                      Partner                      Director                      Sole Trader

12. Print name:

13. Date:

## Part B: Agent/representative authority

I authorise the person named in part A to act on my behalf until further notice and carry out the following (please tick all that apply):

Sign grant contracts

Agree amendments to grant contracts

Sign claim forms

Sign grant applications

Sign Felling Licence applications, or an unconditional application to change land use

Sign Felling Licence conditions

## Part C: Permission

This permission applies to:

Only the agreement referred to on the front of the form

All my Forestry Commission applications or agreements

The agreement quoted above and the following other agreements (please list below):

## Part D: Owner authorisation

1. Business name:

2. Title:

Forename:

3. Surname:

4. Rural payments CRN:

5. SBI:

6. Landline:

7. Mobile number:

8. Email address:

## Declaration

I/we understand that any information given by the person named in Part A (agent) of this authorisation will be deemed to have been provided by me/us and I/we will be subject to any reductions arising from the regulations which apply. The person(s) signing in this part of the form should be registered as the legally responsible person(s) for the business. If you are a forestry or farming partnership, all partners should indicate their agreement to the appointment of the person(s) nominated at Part A by inserting their details and signature on the form.

I/we have read and understood the statement on “How your data will be used” within the guidance and consent to the storage and use of the data provided in this agent authority form in the manner described.

**9. Signature:**

**10. Print name**

**11. Date:**

### Partners Details (if required)

**1. Business name:**

**2. Title:** Forename:

**3. Surname:**

**4. Rural payments CRN:**

**5. SBI:**

**6. Landline:**

**7. Mobile number:**

**8. Email address:**

**9. Signature:**

**10. Print name:**

**11. Date:**