

Amendment form

DO NOT WRITE IN THIS BOX

Amendment no:

Date:

1. Property name:

2. Title:

Forename:

3. Surname:

4. Single business identifier:

5. Rural payments CRN:

6. Agreement reference:

7. Amendment type:

Change of ownership

Grant details

Work areas

Split ownership

Change of claim year

Property details

8. Request

Detail the areas requested in the 'change' column where you want to change particular compartments or work areas. If your amendments change the area of land receiving grant or sub-compartment boundaries you must attach a map showing the revised areas.

Please list any documents submitted with this form:

Declaration

This must be signed by the main applicant. An agent may sign where they have been given authority to do so. Where an agent is signing this declaration the applicant must have signed an agent authority form. If you are a landlord you must ensure that both you and your tenant sign this declaration.

I certify that the information provided is correct and any changes in circumstances will be notified to the Forestry Commission at the earliest opportunity.

I have read and understood the guidance and any other correspondence relevant to this application. I am not receiving payment for items funded under any current or previous grant scheme. I confirm that information supplied in this amendment form and any supporting documentation is correct.

I/we permit and authorise the Forestry Commission to carry out all necessary checks with the Rural Payments Agency and other relevant bodies, to establish and verify that all permits, consents and permissions have been obtained and complied with in relation to any work proposed or carried out and I authorise all relevant information and correspondence to be released to them by such bodies.

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 application form in the manner described.

For agents signing this form:

I can confirm that I have:

- drawn the beneficiary's attention to the conditions that apply to this application
- made the beneficiary aware that they are responsible for complying with these conditions

Signed:

Print name:

Date:

Landlord countersignature (if required):

Print name:

Date: