

# Successor's Application

**DO NOT WRITE IN THIS BOX**

Date received:

Please complete this form if you have purchased land, or are taking on management responsibility for land, which is receiving Countryside Stewardship Woodland Funding 2015.

## General Details

Agreement reference

Property name

## New occupier's details

Title: Forename:

Surname:

Organisation:

Position:

Are you the:

Owner Partner Lessee Tenant Trustee Other

Are you the main contact? Yes No

Address:

Postcode:

Landline:

Mobile number:

E-mail:

Rural payments CRN:

SBI:

If you give us an email address we'll normally use this to get in contact.

## Other new occupier's details

Please complete details for additional applicants for instance all partners, all trustees, etc. Give details of further applicants on copies of this page.

Title: Forename:

Surname:

Organisation:

Position:

Are you the:

Owner Partner Lessee Tenant Trustee Other

Are you the main contact? Yes No

Address:

Postcode: Landline

Mobile number:

E-mail:

Rural payments C/N:

This form was archived on  
19 December 2019

## Managing Agent

For an agent to act on your behalf in connection within this agreement, complete and submit an [agent authority form](#).

## Previous owner's details

**Title:** Forename:

**Surname:**

**Address:**

**Postcode:**

**Landline:**

**Mobile number:**

**E-mail:**

## Property details

**Who owns the property:**

Personal occupier

Business occupier

Voluntary organisation

Government department

Local/unitary authority

Other public body

**How is the property used:**

Farm

Mixed estate

Mainly woodland

Private residence

Recreation

Public building

Industrial

**Landlord's permission**

If you're a tenant, has your landlord given consent to join the scheme and (if appropriate) carry out the remaining grant aided work? If so, your landlord will need to sign this form.

Yes                      No                      N/A

Has any of the land been resumed from a tenant by means of a "contested notice to quit" or is it subject to such action? If yes, please attach a copy of the notice.

Yes                      No                      N/A

**Date of change**

Date previous occupier ceased occupation:

Date you, as new occupier, started to occupy the land:

Does this succession involve all of the land set out in the previous contract/agreement?                      Yes                      No

You must provide a map highlighting the land which the succession refers to.

Map included:                      Yes                      No

If no, please list the work areas this succession includes:

RLR Parcel Ref	Sub-compartment Number	Area Name	Notes

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## Declaration

This must be signed by the main applicant. If you're a landlord you must make sure that both you and your tenant sign this declaration.

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

I have read and understood the guidance and any other correspondence relevant to this agreement. I'm not receiving payment for items funded under any current or previous grant scheme.

I confirm that information supplied in this form and any supporting documentation is correct.

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

I 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 form in the manner described.

Signature:

Print name:

Date:

## Landlord's consent

If the scheme is being taken on by a tenant, the landowner must also sign this form. By signing the form the landlord is giving consent for the tenant to take on the scheme.

Signature:

Print name:

Date: