

Rural Land and Entitlements

Request for changes to the Rural Payments maps or
for the transfer of entitlements.

RLE1



Rural Payments
Agency

Notes - please read the guidance before you start.

- A** It is quicker to use the Rural Payment service to transfer entitlements and land (by sale, lease or gift).
Go to: www.gov.uk/claim-rural-payments
- B** Please do not use correction fluid. If you make a mistake, please cross through, initial and date it. For boxes with an 'X' completely fill in the square box containing your mistake.
- C** Please use CAPITAL LETTERS and black ink. Do not use pencil. Write only in the spaces provided. Include a covering letter if you have any additional comments.
- D** The deadline for RPA to receive entitlements transfers to be effective for the current Basic Payment Scheme year is in the BPS rules on GOV.UK.

Part A: General details

Please complete your customer details below.

Single Business Identifier (SBI):

Name of beneficiary:
(or business name)

Main CPH (holding) number:



If you are claiming (or intend to claim) under a Rural Development Programme scheme
put an 'X' in this box

Rural Payments Agency, PO Box 352, Worksop, S80 9FG
Rural Payments helpline: ruralpayments@defra.gov.uk or 03000 200 301

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

Part B: Transfer details

B1 How are you disposing of your entitlements and/or land?

Sale/gift of land	Lease of land	Inheritance	
Sale/gift of entitlements	Lease of entitlements	Sub-lease of entitlements	Surrender of entitlements

Go straight to B3b if you are surrendering entitlements only.

B2 Please give details of the business to which you are transferring your entitlements and/or land.

Single Business Identifier (SBI):

Name of beneficiary:
(or business name)

B3 Entitlements and land transfers

a If this is a land transfer, give the CPH of the business at B2 that the land is being transferred to. Existing CPH:

b Give the effective date of transfer.

c If this transfer is by lease (or sub-lease) give the date that the lease agreement starts.

B4 If this transfer is by lease (or sub-lease) give the date that the lease agreement ends.

B5 If this transfer is the result of a merger or scission of your business put an 'X' in the correct box and fill in B6.

Merger Scission

B6 If you have put an 'X' in B5, have you sent us an IACS 26 request for the business change or told us about it on the Rural Payments service?

Yes No

If 'No', this may delay the processing of your transfer

Part C:
Entitlements to be transferred or surrendered

Please use the boxes provided to indicate which entitlements are to be transferred or surrendered.

Region	C1 Number of entitlements held	C2 Number of entitlements to transfer and/or surrender
Non-SDA	<input type="text"/>	All Specify number <input type="text"/>
SDA Other	<input type="text"/>	All Specify number <input type="text"/>
Moorland SDA	<input type="text"/>	All Specify number <input type="text"/>

**Part D:
Field transfers and boundary changes**

Line	Existing field data		Action group				
	D1 OS Map sheet reference	National Grid number	D2 Total field size in hectares	D3 Group	D4 Action code	D5 Effective date of change	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

D6 OS Map sheet reference	New field data		D8 Transfer this field	Action group		D10 Mark an 'X' in the box if the land parcel is a common
	National Grid number	D7 Total field size in hectares		D9 CPH number for the land parcel		
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	1
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	2
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	3
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	4
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	5
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	6
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	7
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	8
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	9
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	10
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	11
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	12

**Part D:
Field transfers and boundary changes**

Line	Existing field data		Action group			
	D1 OS Map sheet reference	National Grid number	D2 Total field size in hectares	D3 Group	D4 Action code	D5 Effective date of change
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

D6 OS Map sheet reference	New field data		D8 Transfer this field	Action group		D10 Mark an 'X' in the box if the land parcel is a common
	National Grid number	D7 Total field size in hectares		D9 CPH number for the land parcel		
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	1
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	2
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	3
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	4
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	5
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	6
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	7
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	8
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	9
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	10
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	11
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	12

Part E: Supporting documents

E1 Please tell us which of the following documents you have attached, and how many.

Number of RPA maps attached

Number of OS/professionally drawn maps attached

Number of other documents attached

Part F: Your declaration and responsibilities

Use this section to confirm by signing below that you understand, and comply with, your obligations in relation to the information you have supplied in this form, any continuation sheet(s), any map(s) and any other supporting document(s).

If you change the wording of this part in any way we will reject your form.

I am aware of the conditions that apply to the Basic Payment Scheme and have complied with them, if applicable.

I have complied with the current versions of Regulations (EU) Nos. 1305/2013, 1306/2013 and 1307/2013 of the European Parliament and of the Council, Commission Delegated Regulations (EU) Nos. 639/2014 and 640/2014 and Commission Implementing Regulations (EU) Nos. 641/2014 and 809/2014, and with any other legislation which applies.

I have read and understood all of the relevant guidance information and confirm that the details given on this form, including any continuation sheets, any maps and any other supporting documents are true, accurate and complete to the best of my knowledge and belief.

If signing as an appointed representative you also confirm you have the appropriate permission to represent the beneficiary and that you have made the beneficiary(s) aware that they are responsible for complying with the guidance and regulations.

I will tell the RPA of any material change to the information given in this form.

WARNING: If you make a false declaration, or if you do not tell us about a material change to the information given in this form you may be liable to prosecution. A false, inaccurate or incomplete statement or failure to tell us of any material change to the information given in this form may result in loss of entitlements and/or recovery of any payments made.

Signature:

Date:



Customer Reference Number (if known):

Full name:

(BLOCK CAPITALS)

Relationship to
beneficiary:

for example, agent, partner, owner, director, sole trader.

Data protection

Defra is the data controller for personal data you give to us or we hold about you. We use it in line with the Data Protection Act. For more information visit our website at rpa.defra.gov.uk, then put 'Personal Data' into the search box.

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