$\square$ 

# EWCO Annual Maintenance Payment Claim Form

### Advice to Agreement Holders

This form is to claim either the second five years of Annual Maintenance Payments of your England Woodland Creation Offer (EWCO) or the final five years of Annual Maintenance Payments. Only one form should be submitted in year 6 or year 11 of your agreement to claim for your outstanding Annual Maintenance Payments.

## Section 1 – Claimant Details

Please note all fields are mandatory.

EWCO Ref.:	
Title:	
Forename(s):	
Surname:	
Contact telephone no:	
Contact email:	
Single Business Identified (SBI):	
Customer Registration Number (CRN):	
Firm Reference Number (FRN):	

### Section 2 – Claim details

Tick this box to confirm that the area of woodland under the EWCO Agreement remains in place and that you are therefore claiming for the next five years of Annual Maintenance Payments. If this is no longer the case, you should contact <u>EWCO@forestrycommission.gov.uk</u> to explain what has changed.



#### Section 3

I confirm that I have read and understood the guidance and rules relating to the England Woodland Creation Offer and that the information provided in this claim form is complete and accurate.

I confirm that the payment details held on Rural Payments are accurate.<sup>1</sup>

I have complied with and will continue to comply with the provisions of my agreement and the rules of the scheme as set out in my Grant Agreement until my agreement ends. If following submission of this claim form I am unable to fulfill the obligations of my agreement I will notify the Forestry Commission.

I accept the conditions of payment and understand that payment may be withheld or recovered if it appears to the Forestry Commission that any of the conditions have not been complied with or a false or misleading statement has been made.

> Signature<sup>2</sup>: Print name:

Date:

Your completed claim form can be sent to: <u>EWCO@forestrycommission.gov.uk</u>

Hard copies should be sent to:

England Woodland Creation Offer - EWCO Forestry Commission National Office 620 Bristol Business Park, Coldharbour Lane, Bristol, BS16 1EJ

<sup>&</sup>lt;sup>1</sup> If you need to update your payment details, please contact the Rural Payments Service to make any amendments before submitting your EWCO claim form.

<sup>&</sup>lt;sup>2</sup> Only Qualified Electronic Signatures or wet signatures will be accepted. For information on signatures, please check the <u>EWCO Grant Manual</u>.



#### For FC use only

Date received:	
Claim number:	

Inspection date (if	
applicable):	
Inspection	
outcome:	

National Office QA Print Name:	Date:
Signature:	-
Compliance Team Print Name:	Date:
Signature:	-
National Office Referrer Print Name:	Date:
Signature:	
Finance Team	Date:
Signature:	<u> </u>