

Grant Claim Declaration Form

(Non-RDPE)

Notes:

- Please complete both sections of the form in full.
- Please read and sign the declaration – this can be electronic or 'wet' paper-based signature (print and sign). To use an electronic signature, you will need to open the form using adobe reader and click the 'fill and sign' function. EWCO claimants, return the form unsigned, you will then be sent a link via email to sign the form.
- Any incomplete or incorrect declaration forms will be returned.

Section 1: Claim details

Grant scheme: <i>(UTFC, LATF, WCPG, EWCO, HS2WF, WCF)</i>	
Agreement Reference number and name:	
Claim Number: <i>(for example 1, if submitting more than 1 claim form per financial year)</i>	
Total amount this claim is for <i>(NB: This must match your excel claim form)</i>	
Are you the:	
a) Agreement holder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Agent with consent to act on agreement holders' behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If b) please can you confirm that as the Agent, you have formally informed the Agreement holder of the details of this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of business or individual to be paid	
FC Supplier Number <i>(not applicable for EWCO)</i>	
SBI number	

Please give any additional information relevant to your claim:

Section 2: Declaration

I confirm that the information provided in this form, and the associated claim form is accurate and complete.

I confirm that I have provided the required evidence/proof of payment of all capital expenditure.

I confirm that the details in this claim form are correct and that the work has been carried out.

I confirm that the payment details held under my supplier number are correct, or for EWCO grant holders, that details on Rural Payments are accurate.^[1]

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.

I understand that an electronic signature is equivalent to a handwritten signature and by providing my electronic signature, this document is legally binding.

I confirm that I have read the [Forestry Commission's Personal Information Charter](#) which details how my personal information will be used to process my claim in line with the safeguards of the Data Protection Act 2018.

Name	
Signature:	
Date:	

^[1] If you need to update your payment details, please request a Supplier Amendment Form from your grant team, or for EWCO grants contact the Rural Payments Agency to make any amendments to Rural Payments before submitting your claim form.