



SCOTTISH EXECUTIVE

Environment and Rural Affairs Department
Cap Management Division

For Official Use Only		
Date Stamp	Received By:	
	Data Capture-	Date:
		Initials:

AUTHORISATION FOR AGENT TO TRANSFER SINGLE FARM PAYMENT SCHEME (SFPS) ENTITLEMENTS

Section 1 - Details of Farm Business or Holding.

Main Farm Code: (county/parish/holding)								
Business Name: (if applicable)								
Business Reference No: (if applicable)								

Section II - Details of Authorised Agent

Agent Identification No: (if known)		
Agent Name: (Enter the trading name used by the agent)	Alan Donald for ABERDEEN & NORTHERN MARTS	
Agent Address:	THAINSTONE CENTRE THAINSTONE INVERURIE	
Postcode	AB51 5XZ	
Telephone Number:	01467 623753	
E-mail Address:	alan.donald@goanm.co.uk	
Fax Number:	01467 623777	

Section III – Declaration

I/We hereby authorise the agent detailed above to submit applications to SEERAD for the Transfer of Single Farm Payment Scheme (SFPS) entitlements.

I/We authorise the agent to bind me/us to the rules surrounding the transfer of Single Farm Payment Scheme Entitlements.

I/We understand that any information given by the agent will be deemed to have been provided by this business and if I/We knowingly or recklessly make a false statement, I/We may be prosecuted. **This form will be acknowledged to both parties within 7 working days of receipt.**

I/We understand that these arrangements will remain in force until such time as I/we give SEERAD written notice that they are cancelled.

Name (BLOCK CAPITALS)	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Note: This Form must be completed and submitted to the SEERAD Entitlement Transfer Unit, 10 Keith Street, Stornoway, HS1 2QG, with, or in advance of, the first application signed by the agent.