

Rural Payments and Inspections Additional Business Members



Part – 1 Details about the business and additional members

Business name

Main Location Code / /

Business Reference Number

Please use this form to include additional business members to your business.

You should include here anyone who has a financial interest in your business.

Space has been provided for each business member to include one other rural business which they have a financial interest in, if there is more than one, this should be included in the continuation page of the Registering a Business form (PF01).

Mr Mrs Ms Miss Other

First name

Middle name(s)

Last name

Relationship to business
Partner Director Trustee Executor

Sole trader Chairman Other

Gender
Male Female Prefer not to say

Date of birth

National Insurance number - -

Please tell us why the business member does not have a National Insurance number.

Does the business member have a financial interest in another rural business in the UK that is claiming funding?

Yes No

Business name

Relationship with this business

Country and reference number of this business

Does the business submit a separate Single Application Form (SAF)?

Yes No

If this business member has a financial interest in another rural business, please complete the continuation page of the Registering a Business form (PF01).

Mr Mrs Ms Miss Other

First name

Middle name(s)

Last name

Relationship to business

Partner Director Trustee Executor

Sole trader Chairman Other

Gender
Male Female Prefer not to say

Date of birth

National Insurance number
 - -

Please tell us why the business member does not have a National Insurance number.

Does the business member have a financial interest in another rural business in the UK that is claiming funding?

Yes No

Business name

Relationship with this business

Country and reference number of this business

Does the business submit a separate Single Application Form (SAF)?

Yes No

If this business member has a financial interest in another rural business, please complete the continuation page of the Registering a Business form (PF01).

Mr Mrs Ms Miss Other

First name

Middle name(s)

Last name

Relationship to business

Partner Director Trustee Executor

Sole trader Chairman Other

Gender
Male Female Prefer not to say

Date of birth

National Insurance number
 - -

Please tell us why the business member does not have a National Insurance number.

Does the business member have a financial interest in another rural business in the UK that is claiming funding?

Yes No

Business name

Relationship with this business

Country and reference number of this business

Does the business submit a separate Single Application Form (SAF)?

Yes No

If this business member has a financial interest in another rural business, please complete the continuation page of the Registering a Business form (PF01).

Part 2 – Declaration

The data you have provided in this form are subject to the provisions of the Freedom of Information (Scotland) Act 2002 (FOISA), the Data Protection Act 1998 and the Environmental Information (Scotland) Regulations 2004 (EIR). It is Scottish Ministers' policy to share relevant data, including historical, that is held on your business with other organisations for legitimate purposes and when required to do so and to share relevant data under FOISA and EIR when it is in the public interest.

- I, as the Responsible Person, agree to the Terms and Conditions on behalf of the business.
- I, as the Responsible Person, confirm that I am duly authorised to act on behalf of the business.

The Responsible Person for the business should complete the declaration below

Signature	
Name (Block capitals)	
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you are the advisory firm acting on behalf of the business you should complete the declaration below.

Please provide your advisory firm ID number

Signature	
Name (Block capitals)	
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOTES:

Please send your completed Additional Business Members form with any relevant documentation, to your local area office. You can find a list of all the addresses at <https://www.ruralpayments.org>