

Rural Development: New Entrants Start-Up Grant Scheme claim form



Part 1 – Your details

Location code /

Case reference number

Business Reference Number (BRN)

Business name

Business address

Postcode Phone number

Mobile number

Email

Part 2 – Your claim details

I/we wish to apply for financial assistance towards the cost of carrying out the following relating to my/our business plan for a first instalment/second instalment (delete as appropriate).

Part 3 – Declaration (to be completed by all applicants)

I/we will comply with EU Regulation 1303/2013 on the laying down of common provisions on the European Agricultural Fund for Rural Development, EU Regulation 1305/2013 on support for rural development, EU Commission Regulation 807/2014 which supplements EU Regulation 1305/2013, EU Commission Regulation 808/2014 which lays down the rules for the application of EU Regulation 1305/2013, EU Regulation 1306/2013 on the financing and monitoring of the common agricultural policy, EU Commission Regulation 640/2014 which supplements EU Regulation 1306/2013, EU Regulation 1307/2013 which establishes the rules for direct payments and EU Commission Regulation 639/2014 which supplements EU Regulation 1307/2013.

I/we declare that I/we have read and understood the rules, conditions and requirements of the New Entrants Start-Up Grant Scheme as detailed on the Rural Payments and Services website.

I/we declare that, to the best of my/our knowledge and belief, the information given on this claim form is correct.

I/we confirm that I/we, am/are authorised to sign this claim form on behalf of the business.

I/we understand that the information given may be used for monitoring and evaluation purposes.

I/we understand that any false or misleading statement I/we make may result in the withholding or recovery of all or part of any payments.

Signed

Name

Status of person signing

(for example, sole trader, partner, director, trustee, agent)

Please enter the agent identification number (if applicable)*

Date

IMPORTANT INFORMATION

*If this form is to be submitted by an agent, the agent must obtain the applicant's authority before the form is submitted. Use form PF05 for this, which is available from any RPID area office or at <https://www.ruralpayments.org>

If the claimant is a limited company (or other corporate body) the claim must be signed by a director, the company secretary or another duly authorised officer. Enter their status on the previous page.

The signatory should sign in his or her own name and not the name of the business, or a partnership name.

This form should be returned to your local RPID area office.

Visit <https://www.ruralpayments.org> to find the contact details of your nearest office.

For official use only:

I confirm that the claim is fit for purpose and is certified for payment

Signed	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	User ID	<input type="text"/>

A payment of € has been authorised

Signed	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	User ID	<input type="text"/>