

Authority to Act and Agriculture Business Registration Form

Please complete in BLOCK CAPITALS and **black** ink. You will receive notification of your registration number in the post.
For further information see Guidance Note (page 2) and ensure you complete all three sections.

Section 1

Business name (to be payee)		
Business address (This address will be used for all correspondence)		
	Postcode	
Telephone number		
Mobile number		
Email address		

Section 2

Nature of Business (please tick box as appropriate)	Sole Trader	<input type="checkbox"/>	Limited Company (see below)	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>		
	Other (please give details)			

'I confirm that this and the business name are in line with the accounts submitted for tax purposes.'

Signature of Principle Contact		Date	
Print name			
Company Registration number (if Ltd Company)			
VAT number			

Continued overleaf . . .

For office use only	AB No.	
Identity verified by (Signature of DEFA Officer)	Date	/ /
Identification Evidence		
Existing Relationship (if No , continue below; if Yes go no further).	Yes	No
Original photographic identification provided - new applicants only. Copy taken & filed in AB file. (of Principle Contact overleaf) i.e. passport/driving licence	<input type="checkbox"/>	<input type="checkbox"/>
Original Utility bill 1 provided, copy taken & filed (within last 6 months; not necessary if a Limited Company, see below). e.g. Rates Bill/Water	<input type="checkbox"/>	<input type="checkbox"/>
Original Utility bill 2 provided, copy taken & filed (within last 6 months; not necessary if a Limited Company, see below). e.g. Land Reg doc or Notice of Coding	<input type="checkbox"/>	<input type="checkbox"/>
Verified at Companies Registry	<input type="checkbox"/>	<input type="checkbox"/>

Section 3

Type of Enterprise

(please tick all appropriate boxes)

Cattle

Sheep

Pigs

Poultry

Horses

Crops/Grassland

Other (please give details)

Section 4

Please list below **all persons able to sign** for the business named overleaf, including any managers and agents. These will be the only persons whose signatures will be accepted on support scheme applications and claim forms and to whom any information relating to the business will be released. The business named overleaf will be the only payee. If, at any time in the future, any of these people become ineligible to sign for the business or you would like anyone added, please inform the Department in writing.

Full name

Signature

Date of birth

Position within business

Full name

Signature

Date of birth

Position within business

Full name

Signature

Date of birth

Position within business

Guidance Note

Please note, although the completion of this form is not a legal requirement, it is necessary to ensure that payments are processed efficiently.

Identification Evidence

This **must** be original and must be provided by any person or business wishing to register with the Department in order to receive any payment due. In the case of a Limited Company, personal identification must be of the Principle Contact.

Send completed form to:

Agriculture Directorate
Department of Environment, Food and Agriculture
The Slieau Whallian, Foxdale Road,
St John's, Isle of Man, IM4 3AS
Tel: +44 1624 685844
Email: agriculture@gov.im

Please complete this form in block capitals

All payments are done using BACS

Name
(Company/Individual)

Address

Postcode

VAT Number (if applicable)

Telephone Number

Fax Number (if applicable)

Email (if applicable)

WWW (if applicable)

Bank/Building Society

Address

Postcode

Account Name

Sort Code - -

Account Number

Signature

Name (please print)

Position in Company
(if applicable)