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Teagasc Scheme Assistance Request Form (V4, Feb 2019)

Client No:
Date online
access
granted:

	D BELOW AND OVERLEAF CAREFULLY AS IT GOVERNS YOUR RELATIONSHIP WITH TEAGASC Feagasc include those delivered by Teagasc staff as well as any parties nominated by Teagasc to act on its behalf
Scheme(s) that require Tick Box or Enter Name of Sch	e Annual Assistance:
BPS / DAS / ANC Application	on: Derogation / NMP Plan: Other:
Development Scheme	(s) that require assistance:
TAMS: Young	Farmer Scheme National Reserve: Restructuring Relief: Alt. Enterprise Scheme:
Organic Scheme:	Hen Harrier: Pearl Mussel: Other:
Name(s) of Applicant(s) (Block Capitals) (For companies list both	Address
name of company and individual representative)	
Herd Number:	Eircode: Mobile
E-mail Address:	Phone:

In the case of companies "I" refers to the company.

I confirm that I am trading as a farmer and meet all Department of Agriculture Food and Marine (DAFM) requirements in this regard. I authorise Teagasc to provide professional assistance to me in the completion of an application on the above mentioned matter(s) to the DAFM. I agree that it is my responsibility to post the completed application(s) to the DAFM and retain my own proof of posting. I accept that on-line applications are not complete until I have received an electronic or hardcopy of the submitted application(s) from Teagasc.

I acknowledge that I am solely responsible for the accuracy of documentation and/or information from whatsoever source furnished by me to Teagasc for the purpose of this and all applications made. I understand that assistance will only be provided under the headings requested above that are ticked and that Teagasc does not have the resources to verify information supplied by clients in particular around farm area, right to farm, ownership, assessment and categorisation of land, boundaries or fences. It is my responsibility to ensure that all contractual and legal agreements (e.g. for companies, partnerships, share farming, contract rearing etc.) and leases are valid, to declare which legal entity is making application(s) and to get relevant legal and taxation advice. I acknowledge that where farming is done through a company or partnership it is my responsibility to ensure that all financial transactions are conducted through that entity. It is my responsibility to check prior to submission for a relevant year that all plot numbers declared are correct for number, eligible area and completeness. It is my responsibility to provide sufficient land to ensure entitlements are kept active and to ensure that entitlement transfers are completed and posted to DAFM. It is my responsibility to inform Teagasc of the following; (a) where changes occur in respect of the farm enterprise, the subject matter of this application; (b) where changes occur in respect of the herd number, the subject matter of this application; (b) AFM in relation to the scheme.

I further acknowledge that Teagasc can only make applications as per current regulations – and cannot endeavour to anticipate future changes in the CAP regime. Where schemes are closed without notice or the application period is too short, Teagasc cannot guarantee all applications will be processed. I further acknowledge that no liability shall attach to Teagasc in the event that the application(s) indicated above are either rejected, delayed or a reduced payment is made by the DAFM as a result of breaching scheme conditions subsequent to acceptance into a scheme or due to any inaccuracies contained in the documentation and/or information furnished by me to Teagasc and then used by Teagasc in that/those application(s) on my behalf to the DAFM. I further acknowledge that where selection for admission to a scheme is prioritised using pre-determined criteria by the DAFM no liability shall attach to Teagasc in the event that the application is rejected or a reduced payment is made.

Finally, I confirm that I have read and understood both the provision of this scheme assistance request form and the Teagasc Terms of Engagement and that I was given an opportunity to seek clarification regarding any elements of same that I did not understand with the undersigned Teagasc Staff Member prior to signing this document. I accept that the services to be provided by Teagasc are subject to me signing this Teagasc Scheme Assistance Request Form. I also acknowledge that Teagasc have the right to communicate with me through electronic media (e.g. e-mail, text, social media etc.) for this and other advisory purposes.

Signed:	_(Applicant)	Date:					
Signed:	(Nominee)	Date:					
Relationship between Nominee and Applicant:							
Signed in the pressures of Teagens Staff Member	Drint Nomer						
Signed in the presence of Teagasc Staff Member -	Print Name:						
Signed:	(Teagasc Staff Member)	Date:					