

Department of Agriculture & Food 2003 EU Area Aid Application

Herd number or Reference Number

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Name and address

*Application to register
land parcels on IACS
for claiming REPS
outside of the Area Aid
application period*

Please enter your Personal Public Service Number (PPSN) here: ➔
This number is mandatory on all applications and is available on application from the local office of the Department of Social and Family Affairs.

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Date of Birth ➔
(Example 05/September/1969 = 05/09/1969)
If your PPSN and date of birth are pre-printed, please check that the details are correct and amend if necessary.

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If you are a participant in the REPS SCHEME, ➔
please enter your REPS Ref. No. here :

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Formal Application/Declaration to be completed by Applicant

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| 1. I wish to declare the FORAGE AREA shown in this Application for LIVESTOCK PREMIA purposes. | ‘✓’ this box ➔ | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| 2. I wish to participate in the EXTENSIFICATION PREMIUM SCHEME . | ‘✓’ this box ➔ | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| 3. I wish to apply for DISADVANTAGED AREAS COMPENSATORY ALLOWANCE on the forage area shown in this application which is situated in areas classified as Disadvantaged in the State. | ‘✓’ this box ➔ | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| 4. I wish to apply for ARABLE AID on eligible tillage crops and setaside covered by this Application. | ‘✓’ this box ➔ | <input style="width: 50px; height: 30px;" type="checkbox"/> |

I declare that all the information given in this application is true, accurate and complete. I also declare that I have read the 2003 Area Aid Helpsheet/Terms and Conditions document and am aware of the requirements of the Schemes covered by this Application. I agree to comply fully with those requirements.

Sign Here ➔ ➔ ➔

Telephone ➔	STD Code <input style="width: 100%; height: 20px;" type="text"/>	Number <input style="width: 100%; height: 20px;" type="text"/>	Date ➔	<input style="width: 100%; height: 20px; text-align: center;" type="text" value="2 0 0 3"/>
Mobile Tel. No. ➔	Network Code <input style="width: 100%; height: 20px;" type="text"/>	Number <input style="width: 100%; height: 20px;" type="text"/>		

MY e-mail ADDRESS: _____ AREA AID e-mail ADDRESS: area-aid@agriculture.gov.ie

CLOSING DATE: This application form and maps identifying any new or amended or subdivided land parcels must reach the Area Aid Unit, Department of Agriculture & Food, Hume House, Ballsbridge, Dublin 4, or any Local Office of the Department, in the pre-addressed envelope supplied, on or before 5.30 p.m. on Monday, 31 March 2003.

For official use only

***** PENALTIES will be applied to LATE APPLICATIONS *****

Freedom of Information: The Department is subject to the provisions of the Freedom of Information (FOI) Act.

