

An Roinn Talmhaíochta, Iascaigh agus
Bia
Oifigí Rialtais
Seanbhothár Mháinistir Laoise
Portlaoise
Co. Laoise



Department of
Agriculture, Fisheries and Food
An Roinn
Talmhaíochta, Iascaigh agus Bia

Department of Agriculture, Fisheries and
Food
Government Offices
Old Abbeyleix Road
Portlaoise
Co. Laois
Lo Call: 1890 252 118 **SPS Auth 3**

Form for use by either an SPS Applicant or an Agriculture Agent for the purpose of terminating the Authorisation of an Agriculture Agent(s) to act on behalf of a Single Payment Scheme (SPS) Applicant in submitting that applicant's SPS applications online. This Authorisation was put in place on the receipt in the Department of a completed SPS Auth 1 form.

SPS Applicant's Details

Name: _____

As held by the Department of Agriculture & Food

Address: _____

Herd Number: _____

SPS Applicant's Termination request.

With effect from ____/____/____, I/we wish to terminate the arrangement, previously notified to the Department by way of an **SPS Auth 1** form, between me/us and the Agriculture Agent(s) listed across. Please make the necessary changes on the Department's computerised system to affect this request. I confirm that I fully understand that, by submitting this request, the present arrangement with the Agriculture Agent(s) listed across will be terminated with immediate effect and that the Agent(s) listed across will no longer be in a position to submit SPS application forms online on my behalf and that the Agent(s) will no longer be in a position to access online any of my/our SPS details.

Signed: _____

Signed: _____

If the Herd Number is owned in joint names, all parties must sign this form.

Date: _____

Position in Company: _____

For Companies Only

Signature of Agent(s) not required. Please advise Agent(s).

Agent's details.

First Agent Number: AGT _____

First Agent Name: _____

Second Agent Number: AGT _____

Second Agent Name _____

Currently working on behalf of

Agency Name: _____

Agency Address: _____

Agent's Termination request.

With effect from ____/____/____, I wish to terminate the arrangement, previously notified to the Department by way of an **SPS Auth 1** form, between me and the SPS Applicant(s) listed across. Please make the necessary changes on the Department's computerised system to affect this request.

I confirm that I fully understand that, by submitting this request, the present arrangement with the SPS Applicant(s) listed across will be terminated with immediate effect and that I will no longer be in a position to submit SPS application forms online on behalf of that applicant(s) and I will no longer be in a position to access online any of that applicant's SPS details.

Signed: _____

Date: _____

SPS Applicant's signature is not required. Please advise SPS Applicant.

For Official Use Only – CCS

Customer disconnected from Agent no. (Enter Agent No): AGT	Recorded by		Date recorded	/	/
Customer disconnected from Agent no. (Enter Agent No): AGT	Recorded by		Date recorded	/	/