

SINGLE PAYMENT SCHEME WAIVER OF ENTITLEMENTS FORM

I/We* (name(s))

Of.....
..... (address)

(Herd No:.....) confirm that I/we have no objection to the transfer of the Single Payment Entitlements established under the Livestock Premia and for Arable Aid Schemes during the period 2000 to 2002 issued to

..... (name(s))

Of
..... (address)

should be permanently allocated to

.....(name(s))

Of
..... (address)

(Herd No:)

I/We hereby undertake to indemnify the Department of Agriculture & Food in relation to any claim or demand that may be made by me/us hereafter on foot of the monies paid to the said by virtue of this transfer.

I/We are aware of the value of the Single Farm Payment entitlements and the options available to me for retention or disposal of same. I confirm that I have sought and received legal advice on the effect of this Indemnity and I understand same.

Signed by:

Date:

Witnessed by:
(Solicitor)

Date: