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

Authorisation Form to approve Agency access to DAFF On-Line Services and act on behalf of a Single Payment Scheme Applicant

SPS Auth5

Panel A – Customer details: To be completed and signed by the Single Payment Scheme Applicant. This form must be completed by the registered owner(s) of the Herd Number. If the Herd Number is owned in joint names, all parties must sign this form. Provision has been made for up to 2 joint owners below.

Name(s):	**Address:**
(As registered with the Department of Agriculture, Fisheries & Food) ***BLOCK CAPITALS***	
Telephone No:	**Mobile No:**
Herd Number: ☐☐☐☐☐☐☐	Please tick if you wish to receive TEXT messages ☐

Authorisation and Declaration

Mindful of the issues relating to Liability and Indemnity as outlined below, I/we authorise the Agent/Agency whose details are set out below to interact with the Department of Agriculture, Fisheries & Food on my/our behalf for the purpose, in the first instance, of completing and submitting my/our SPS application form online and thereafter for the submission of my/our SPS details in such format as may be required from time to time by the Department.

I/We also authorise the Agency whose details are set out below to manage the appointment of agent(s) to interact with DAFF on my/our behalf

Signed:	**Date:**
Signed:	**Date:**

Panel B – AGENCY DETAILS: **To be completed by the Agency. Please use BLOCK CAPITALS.**

Agency Number AGY 11152	**Agency Name** **Teagasc**	**Existing Online Client**: YES ☐ **NO** ☐

Liability and Indemnity

The Department of Agriculture, Fisheries and Food shall not be liable for any direct or indirect loss or liability to the client resulting from the use by an Agency/Agent of the Single Payment Scheme (SPS) Internet application to submit an SPS application on behalf of a client. Full responsibility for the data submitted online rests with the Agency and the client concerned. **The Department reserves the right to withdraw this service from an agent where there is evidence of improper use of the service.**

First Agent Details:	
Agent Number:	**AGT** ☐☐☐☐☐
Agent Name:	
Office Location:	

For Official Use Only - CCS	
Customer linked to Agent/Agency	
Customer changes made Yes / No	
Recorded by:	**Date recorded:**

Return Completed forms to agfood Online Services, Dept of Agriculture, Fisheries and Food, Government Offices, Portlaoise, Co Laois. Lo-call 1890 252 118