

Rural Social Scheme (RSS)

Use of Single Farm/Basic Payment Application to meet terms of eligibility to participate on the Rural Social Scheme

Herd No: G1911537

Details of Payment Application Owner:

Name: JOHN CONNOLLY

Address: CARROWREAGH, MILLTOWN,
THAM, CO. GALWAY

I John Connolly (Payment Application Owner) declare that my herd/flock/pig number is active, and that the information I have provided is accurate.

I hereby give permission to _____ (Name of person who will be using the Single Farm Payment/Basic Payment Application) to use my application for the purposes of qualifying for the RSS, and for the tenure of their Contract while participating on the RSS.

I understand that by allowing _____ (Name of person who will be using the application) to use my Single Farm Payment/Basic Payment Application in order to qualify for the RSS, that I will not be permitted to take a place on the RSS while he/she is participating on the Scheme.

I agree to allow my Single Farm Payment/Basic Payment Application to be used for the purpose of participation on the RSS, on the strict understanding that no claim can be made in respect of any underlying entitlements/payments attached to my Herd/Flock/Pig Number.

Signed: John Connolly Date: March 2021
Herd Number Owner

Details of person who will use the Single Farm Payment/Basic Payment Application in order to qualify for the RSS:

Name: PAULINE CONNOLLY

Address: BELMONT, CHOGANNS HILL,
THAM, CO. GALWAY

Relationship to Single Farm Payment/Basic Payment Application Owner:

I understand that my use of this Single Farm Payment/Basic Payment Application is exclusively for the purposes of qualifying for the Rural Social Scheme, and that I cannot claim any underlying entitlements and/or payments attached to this Single Farm Payment/Basic Payment Application.

Signed: P. Connolly Date: March 2021
RSS Applicant

For completion by the Implementing Body:

Has formal proof of ownership been provided in respect of this Single Farm Payment/Basic Payment Application, e.g. correspondence from the Department of Agriculture Food & The Marine to the named owner of the Single Farm Payment/Basic Payment Application.

Yes: _____ No: _____

If "No", please state reason: _____

Signed: _____ Date: _____
RSS Implementing Body