

Authorisation Form to Allow an Agent to Submit a GLAS Commonage Management Plan

Agent Agriculture Number _____ Agency Number _____

Agent Name _____ Mobile Number _____

Have you contacted all the shareholders, listed in the *commonage database*, who made a claim on the commonage in 2014, seeking their participation in this Commonage Management Plan? Yes No

Agent Signature _____ Date _____

This form must be signed by all those who farm the below-named commonage and have agreed to draw up a Commonage Management Plan (CMP) as part of the Green, Low-carbon, Agri-environment Scheme (GLAS). The named advisor will have access to the GLAS online system in order to complete the CMP for the undersigned.

Commonage Name: _____ Commonage Identifier: _____

Applicant Details: To be completed and signed by the scheme applicants. This form must be completed by the registered owner(s) of the Herd numbers or other Department identifiers. If any Herd number or other Department identifier is owned in joint names, all parties must sign this form. Please use BLOCK CAPITALS. Incomplete or illegible forms will be returned, thereby delaying this registration process. Please use additional forms as necessary for all the participants of the CMP.

Herd number* _____ Full Name _____

Address _____

Herd number* _____ Full Name _____

Address _____

Herd number* _____ Full Name _____

Address _____

Herd number* _____ Full Name _____

Address _____

Herd number* _____ Full Name _____

Address _____

Herd number* _____ Full Name _____

Address _____

*Herd number or other Department identifier

Liability, Indemnity Authorisation and Declaration

By signing this authorisation form we agree that the Minister for Agriculture, Food and the Marine shall not be liable for any direct or indirect loss or liability to us resulting from the use by an agency/agent of the GLAS on-line application to submit a commonage application on our behalf. Full responsibility for the data submitted online rests with the agency/agent and the client concerned.

We understand that the Department reserves the right to withdraw our access to this service where there is evidence of improper use. Loss of GLAS payments may be incurred where it is found that we or our agent does not adhere to the terms and conditions of the Scheme.

We authorise the agent whose details are set out above to interact with the Department of Agriculture, Food and the Marine on our behalf for the purpose, in the first instance, of completing and submitting our GLAS Commonage Management Plan online and thereafter for the submission of our GLAS details in such format as may be required from time to time by the Department.

We agree that the Department may request/access data held externally in relation to us, which are required for the purpose of assessment/verification of our GLAS Commonage Management Plan. We further agree that the details supplied in our GLAS application form for grant-aid, along with any supporting documentation, may be made available within this Department or to any other Department where required. We understand that all data held/requested/accessed by the Department is subject to the Data Protection Acts 1998 and 2003.

We confirm that the information above is correct to the best of our knowledge and that it refers to us. We further confirm that we are the registered owner(s) of the Herd number or other Department identifier mentioned above. We authorise the Department of Agriculture, Food and the Marine to forward our personal details to our agent.

This agreement will remain in place until such time as either party (the agent/agency or *all* the undersigned) notifies the Department in writing that the agreement is terminated.

In order that your authorised agent can act on your behalf in this matter, that agent will have access to all the current and previous applications. In this context, please be assured that the online application may be printed by your Agent for your records immediately it is submitted. The Department will also issue an official acknowledgement on receipt of your online application.

Herd No.: _____ Signed: _____ Date: _____

Herd No.: _____ Signed: _____ Date: _____

Herd No.: _____ Signed: _____ Date: _____

Herd No.: _____ Signed: _____ Date: _____

Herd No.: _____ Signed: _____ Date: _____

Herd No.: _____ Signed: _____ Date: _____

When completed, this form (or forms, if additional pages are required) must be returned to:
GLAS, Department of Agriculture, Food and the Marine, Johnstown Castle, Wexford
If you have any queries in relation to the form, please email glas@agriculture.gov.ie.

Please note, following processing of this application, all shareholders on the commonage will be advised of the agent preparing the GLAS Commonage Management Plan.

For Official Use Only		
To be completed in GLAS Section, DAFM	1 st check initials	2 nd check initials
Agent details checked	Name <input type="checkbox"/> Agent Number <input type="checkbox"/>	
Commonage details checked	Participant details checked against commonage database <input type="checkbox"/>	
50% target achieved/surpassed	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, hold for further action	
Letter to all shareholders issued?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Approval issued to agent?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Letter to participants of CMP?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
SPS notified of agent/participant link?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
CCS – joint venture role request?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Comments (if any)		