Rural Payments and Inspections Additional Business Members



Part – 1 Details about the business and additional members

Business name

Main Location Code

Business Reference Number

Please use this form to include additional business members to your business.

You should include here anyone who has a financial interest in your business.

Space has been provided for each business member to include one other rural business which they have a financial interest in, if there is more than one, this should be included in the continuation page of the Registering a Business form (PF01).

Mr Mrs Ms Miss Other	Please tell us why the business member does not have a National Insurance number.
First name	
Middle name(s)	
Last name	Does the business member have a financial interest in another rural business in the UK that is claiming funding? Yes X No X
Relationship to business	Business name
PartnerDirectorTrusteeExecutorXXXX	r
Sole trader Chairman Other	Relationship with this business
	Country and reference number of this business
Gender Male Female Prefer not to	
MaleFemalePrefer not toXXX	Does the business submit a separate Single Application Form (SAF)?
Date of birth DDMMYYY	Yes X No X
National Insurance number	If this business member has a financial interest in another rural business, please complete the continuation page of the Registering a Business form (PF01).

Mr Mrs Ms Miss Other	Please tell us why the business member does not have a National Insurance number.
First name	
Middle name(s)	
Last name	Does the business member have a financial interest in another rural business in the UK that is claiming funding?
	Yes 🗙 No 🔀
Relationship to business	Business name
Partner Director Trustee Executor X X X X	
Sole trader Chairman Other	Relationship with this business
Gender	Country and reference number of this business
MaleFemalePrefer not to sayXXX	Does the business submit a separate Single Application Form (SAF)?
Date of birth	Yes 🗙 No 🗙
National Insurance number	If this business member has a financial interest in another rural business, please complete the continuation page of the Registering a Business form (PF01).
Mr Mrs Ms Miss Other	Please tell us why the business member does not have a National Insurance number.
Mr Mrs Ms Miss Other	•
	•
	•
X X X First name	not have a National Insurance number.
X X First name Middle name(s) Last name	not have a National Insurance number.
Image: State of the	not have a National Insurance number.
X X First name First name Middle name(s) Last name Last name Relationship to business	not have a National Insurance number.
X X First name First name Middle name(s) Last name Last name Relationship to business	not have a National Insurance number.
Image: Second system First name First name Middle name(s) Image: Second system Last name Image: Second system Image: Second system Relationship to business Partner Director Trustee Executor Image: Second system	not have a National Insurance number.
Image: Sole trader Image: Sole trader <td>not have a National Insurance number.</td>	not have a National Insurance number.
Image: Second systemImage: Second systemMiddle name(s)Middle name(s)Last nameLast nameSecond systemImage: Second systemPartnerDirectorImage: Second systemImage: Second systemImage: Second systemSole traderChairmanImage: Second systemImage: Second system <t< td=""><td>not have a National Insurance number. Does the business member have a financial interest in another rural business in the UK that is claiming funding? Yes ∑ No ∑ Business name </td></t<>	not have a National Insurance number. Does the business member have a financial interest in another rural business in the UK that is claiming funding? Yes ∑ No ∑ Business name
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Part 2 – Declaration

The data you have provided in this form are subject to the provisions of the Freedom of Information (Scotland) Act 2002 (FOISA), the Data Protection Act 1998 and the Environmental Information (Scotland) Regulations 2004 (EIR). It is Scottish Ministers' policy to share relevant data, including historical, that is held on your business with other organisations for legitimate purposes and when required to do so and to share relevant data under FOISA and EIR when it is in the public interest.

X

I, as the Responsible Person, agree to the Terms and Conditions on behalf of the business.

I, as the Responsible Person, confirm that I am duly authorised to act on behalf of the business.

The Responsible Person for the business should complete the declaration below

Signature	
Name (Block capitals)	
Date	

If you are the advisory firm acting on behalf of the business you should complete the declaration below.

Please provide your advisory firm ID number

X	Χ	Χ	Χ	Χ	Χ

Signature	
Name (Block capitals)	
Date	DD/MM/YYYY

NOTES:

Please send your completed Additional Business Members form with any relevant documentation, to your local area office. You can find a list of all the addresses at https://www.ruralpayments.org