

For Official Use Only	
NFC/ENC7 no.	
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## Non Food Set-Aside and Energy Aid Schemes

NFC/ENC7

### Request for cancellation or amendment of a contract

EC Regulation no. 1973/2004

#### Notes about this form

- A** Please use BLOCK CAPITALS.
- B** Only original signatures must be given on this form.
- C** The claimant is the grower of the crop under contract.
- D** The claimant must send this form to the collector or first processor who shares the responsibility for the contract.
- E** If the amendment or cancellation is the result of a crop failure during the set aside period (15 Jan to 31 Aug) the claimant must immediately send a copy of this form to the:
- RPA Regional Centre; or
  - Agriculture Department Office.
- F** If there is a crop failure the claimant must wait for permission from the appropriate Agriculture Department Office before returning the land to fallow.
- G** All other amendments or cancellations relating to the contract must also be notified to the Agriculture Departments offices, preferably with the IACS application if this has not already been sent.
- H** If this form is signed after 15 May we will not accept any request to increase the area.
- I** The claimant is responsible for making sure that the changes noted on this form do not affect their entitlement to Arable Area Payments.
- J** The collector or first processor who has the contract with the claimant must return this form to us at the address shown overleaf.
- K** If you need help to fill in this form, please contact the Non Food Crops Section on 01609 773 751.

**Data Protection** – Defra is the data controller in respect of any personal data that you provide to the Rural Payments Agency. Your personal information will be protected in line with the Data Protection Act 1998. The information will be used mainly to support the application to which it relates. The information may also be used in line with the Data Protection Act, for other purposes as explained in scheme guidance and on the Access to Information pages on the RPA website. If you have any questions please contact the Customer Service Centre.

#### Part A – General details

Name and address of claimant, including trading name

Post code

Status: sole proprietor  partnership  company  trust

If other, please specify:

Holding no.

Name and address of collector, including trading name

Post code

Status: sole proprietor  partnership  company  trust

If other, please specify:

Trader registration no.

Crop Type

Harvest year

#### Part B – Cancellation of contract

1 Is the whole contract to be cancelled? Yes No  
(If "No", please go straight to part C).

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2 RPA contract no.

3 Reason for cancellation

## Part C – Amendment to contract

**4** Give details of all parcels of land as given on your existing contract.

OS Map sheet no.	Nat.grid (NG) field no.	Area in hectares (to 2 dec. places)	Crop variety	Forecast yield in tonnes per hectare	Forecast quantity in tonnes

**5** Give details of all parcels of land that should now be shown on the revised contract.

OS Map sheet no.	Nat.grid (NG) field no.	Area in hectares (to 2 dec. places)	Crop variety	Forecast yield in tonnes per hectare	Forecast quantity in tonnes

**6** Give your reasons for requesting the amendment at 4 and 5 above and give details of any other alterations you need  
(use continuation sheet NFC/ENC7a if necessary)

**7** What is the amended total in hectares for the whole contract?

**8** What is the amended total forecast quantity for the whole contract?

**9** What is the total forecast quantity of by-product?

**10** Confirm you sent a copy of this form to the RPA Regional Centre or Agriculture Department Office (see notes E and G)

Yes

### Declaration by claimant

I have given details that are true and complete to the best of my knowledge and belief on this form and any continuation sheets.

Signature
Name <small>(BLOCK CAPITALS)</small>
Capacity of person signing – <i>please specify</i> <small>(for example: sole proprietor, partner, director)</small>
Date

**WARNING: Any person who makes a false declaration may be prosecuted.**

### Declaration by collector or first processor

- I agree that the contract can be amended or cancelled;
- I have given details that are true and complete to the best of my knowledge and belief on this form and any continuation sheets.

Signature
Name <small>(BLOCK CAPITALS)</small>
Capacity of person signing – <i>please specify</i> <small>(for example: sole proprietor, partner, director)</small>
Date

### To be completed by the Rural Payments Agency and returned to the collector or first processor

Contract number  has been:  
cancelled  amended  unchanged

AGENCY Stamp

Comments

Signature
Name <small>(BLOCK CAPITALS)</small>
Date



