



26 SEP 2019

Cardiff

<p><b>Fill in this part A if you are applying for a new permit, applying to change or surrender an existing permit, or want to transfer an existing permit to yourself.</b></p> <p>Please check that this is the latest version of the form available from our website.</p> <p>Please read through this form and the guidance notes that come with it. All relevant guidance documents can be found on our website.</p> <p>Where you see the term 'document reference' on the form,</p>	<p>give the document references and send the documents with the application form when you've completed it.</p> <p><b>Contents</b></p> <ul style="list-style-type: none"><li>1 About you</li><li>2 Applications from individuals</li><li>3 Applications from organisations of individuals</li><li>4 Applications from public bodies</li><li>5 Applications from a registered company or other corporate body</li><li>6 Your address</li><li>7 Contact details</li></ul>
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### 1 About you

Are you applying as an individual, an organisation of individuals (for example, a partnership), a company (this includes Limited Liability Partnerships) or a public body?

- |   |                                     |                 |
|---|-------------------------------------|-----------------|
| An individual   | <input type="checkbox"/>            | Go to section 2 |
| An organisation of individuals (for example, a partnership) | <input checked="" type="checkbox"/> | Go to section 3 |
| A public body (such as a local council)                     | <input type="checkbox"/>            | Go to section 4 |
| A registered company or other corporate body                | <input type="checkbox"/>            | Go to section 5 |

### 2 Applications from individuals

#### 2a Please give us the following details

Title	<input type="text"/>	
First name	<input type="text"/>	
Last name	<input type="text"/>	Go to section 6

### 3 Applications from organisations of individuals

#### 3a Organisation details

Organisation name	<input type="text" value="T H JONES"/>
Type of organisation	<input type="text" value="Other (please specify)"/>
If 'Other', please specify	<input type="text" value="FARMING PARTNERSHIP"/>

#### 3b Main representative's details

Title	<input type="text" value="Mr"/>
First name	<input type="text" value="RHODRI HUW"/>

Last name

**3c Second representative's details:**

Title

First name

Last name

**3d Other representative's details**

If relevant, please provide details of all other representatives on a separate sheet and tick here to show that you have done so.

☐

*Go to section 6*

**4 Applications from public bodies**

**4a Public body details**

Public body name

Type of public body

If 'Other', please specify

**4b Executive officer's details**

The executive is an officer of the public body authorised to sign on your behalf.

Title

First name

Last name

Position

*Go to section 6*

**5 Applications from a registered company or other corporate body**

**5a Company details**

Company name

Company registration number

Date of registration

If you are applying as a corporate organisation that is now a limited company, please provide evidence of your status and tell us the reference number you have given this document with this evidence.

Document reference

*Go to section 6*

**6 Your address**

**6a Your main (registered office) address**

For companies this *must* be the address on record at Companies House.

Address

	YSTRADGYNLAIS
	SWANSEA
Postcode	SA9 1NQ
Telephone - mobile	
Telephone - office	01639842507
Email address	thjones652@btinternet.com

If you are applying as an organisation of individuals, every partner needs to give us their details, including their title. If necessary, continue on a separate sheet and tell us the reference you have given the sheet.

Document reference	
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**6b UK business address *only* if different from above**

Address	
Postcode	
Telephone - mobile	
Telephone - office	
Email address	

*Go to section 7*

**7 Contact details**

**7a Who can we talk to about your application?**

This can be someone acting as a consultant or 'agent' for you.

Title	Mr
First name	HUW
Last name	JONES
Address	FFORCHONLLWYN
	CWMGIEDD
	YSTRADGYNLAIS

	SWANSEA
Postcode	SA9 1NQ
Telephone - mobile	
Telephone - office	01639842507
Email address	thjones652@btinternet.com

**7b Who can we talk to about your operation?**

Same as the application contact in 7a	<input checked="" type="checkbox"/>
Title	
First name	
Last name	
Address	
Postcode	
Telephone - mobile	
Telephone - office	
Email address	

**7c Who can we talk to about your billing or invoice?**

Same as the application contact in 7a	<input checked="" type="checkbox"/>
Same as the operation contact in 7b	<input type="checkbox"/>
Title	
First name	
Last name	
Address	

Postcode

Telephone - mobile

Telephone - office

Email address


