

Declaration – Heir of Deceased Beneficiary

Head Paying Agency
Agriculture and Rural Payments Agency
Luqa Road
Qormi QRM 9075

Name of deceased beneficiary: _____

ID Card No: _____ Date of Death: _____

I, the undersigned, in my capacity as notary public/ lawyer, after having carried out the necessary testamentary searches on the late (*Name*) _____

(*ID No.*) _____ do hereby declare that the heir/s of the beneficiary mentioned above is/are:

Name and details of heir/s	ID No

The heir/s of the beneficiary is/are giving his/her/their consent* and agree/s that any pending financial assistance payments issued by the Agriculture and Rural Payments Agency and due to the deceased (Name) _____ (ID No) _____ are to be paid to (Name) _____ (ID No) _____.

Signature and Stamp

Date

* If applicable, consent of heir/s is to be attached with this form.

The notary public/ lawyer is requested to sign on every page of this declaration.

Details of Notary/Lawyer:

Name and Surname: _____

Address: _____

Telephone/Mobile No. _____

E-mail address _____

Note: The Agriculture and Rural Payments Agency carries out its functions under all relevant regulations of the European Commission and local policies. This application along with accompanying documents will be kept confidential and will be processed in conformity with the Data Protection Act (Cap 440). You have the right to ask about the personal data being processed about you in accordance with the Agriculture and Rural Payments Agency's Privacy Policy, a copy of which can be sent to you.