



Co-funded by  
the European Union

**Payment Claim Form**  
**Common Agricultural Policy Strategic Plan 2023-2027**  
**European Agricultural Fund for Rural Development (EARDF)**  
**Non-Integrated Administration and Control System (Non-IACS) Schemes**

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**A: Grant Agreement Details**

Intervention Number	
Grant Agreement Number (1)	

**B: Details of Beneficiary**

Name of Beneficiary (2)	
ID Card Number, if applicable	
VAT Number, if applicable	
Contact Number (3)	
E-Mail Address (3)	

**C: Type of Payment Claim**

Please select only **one** of the following:

<input type="checkbox"/>	Interim Payment
<input type="checkbox"/>	Final Payment







**E: Final Payment Declaration**

By selecting 'Final Payment' in Section C: Type of Payment of this Payment Claim Form, I also declare that:

- The relevant works / services have been fully completed and all payments have been processed prior to the project's end date,
- All structures built are fully functional in line with the scope of the approved project, all services have been rendered to the satisfaction of the beneficiary, and all the equipment procured as part of the project has been installed, commissioned, is fully functional and in regular use,
- Therefore, the project has been completed by the project end date and is fully functional and in regular use as per approved application, the grant agreement and any subsequent Change Requests/Addenda.

Or;

- The relevant works / services / equipment being claimed are installed and have been rendered to the satisfaction of the beneficiary, and have been completed by the project end date, but the project will be fully functional, operational and in regular use for its intended purpose (as outlined in the approved application, the Grant Agreement and any subsequent Change Requests/Addenda) by \_\_\_\_\_<sup>1</sup>.

**F: Declaration**

I, hereby,

- Authorise the Agriculture and Rural Payments Agency (ARPA) to process the data contained in this form for the purpose of verification to process payment,
- Declare that the expenditure is in line with the conditions stipulated in the Grant Agreement, and that the information provided is true and correct,
- No other Funds are being / were obtained from any other source / entity in relation to the works / supplies / services being claimed in this Payment Claim Form.

*The information collected in this form is being collected to process claims related to pre-approved funding. In line with Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (hereafter 'GDPR'). The processing of personal data shall be conducted according to the GDPR and the Data Protection Act.*

Name of Beneficiary / Project Leader (7)	
Date	
Signature	

<sup>1</sup> Please insert date by when the project will be fully functional and in regular use. Kindly note that ARPA reserves the right to accept or reject the proposed date. Moreover, the final payment (20%) of the Grant amount will only be paid when the beneficiary can provide sufficient evidence that the project is fully functional, operational and in regular use as per approved application, the Grant Agreement and any subsequent Change Requests/Addenda. Failure to conclude the project as per the timeframe indicated above, ARPA will have no option but to recover the funds including the disbursed.

**G: Notes for Beneficiaries**

1. **Grant Agreement Number:** This reference number is included in the Agreement signed between the Managing Authority and the Beneficiary following award of Grant.
2. **Name of Beneficiary:** In case of individual farmers, the name and surname of the individual farmer and in case of companies, the name of the company should be included.
3. **Contact Details:** In case of any clarifications which may arise during ARPA's verification process, the Beneficiary will be contacted through the contact details provided in this Form.
4. **Description of Equipment and/or Machinery, and/or Structural Works:** This is listed in the Award Letter and/or Grant Agreement.
5. **Proof of Payment:** The Beneficiary needs to present at least **one** of the following: (i) fiscal receipt, (ii) bank transfer, (iii) encashed cheque image.
6. **Signatory:** The signatory of the Payment Claim Form should be the Beneficiary / Project Leader. Payment Claim Forms signed by consultants, advisors, accountants, or any other third parties will not be accepted.

**N.B. Overheads:** The eligible amount due for 'Overheads' as included in the Letter of Award / Grant Agreement as 'Indirect Cost' shall be calculated by ARPA's. Should the beneficiary fail to carry out a part of the investment that was approved in the Grant Agreement, the Overheads component shall be recalculated by ARPA and paid at 7% of the eligible investment that was found to be in place and operational, subject to a maximum grant value awarded by the Managing Authority.