

Appendix B – crop loss expedited payment request form

Crop loss expedited payment request form	
Full name of the claimant (the person claiming the payment):	Claimant's address:
Notice number:	
Agent's name and firm:	
Harvest year for affected crop:	
Please confirm who the claimant is (for example, an individual, a group of individuals, or anyone with a legal interest in the land, such as a partnership or trust), and whether they are a freeholder, owner-occupier or tenant).	

Total CLEP claim

Please list the crop types and areas (in hectares) that the claimant will not be able to harvest as a result of us occupying their land. Please multiply the area (in hectares) by the cost per hectare to calculate the compensation for each crop.

Crop type - From CLEP rate card	Total crop area	CLEP payment per hectare	Total
	ha	£	£
	ha	£	£
	ha	£	£
	ha	£	£
	ha	£	£
Total			£