

NAP Controller Agreement

I, _____ hereby certify that I am the owner of the fields listed in the attached Schedule and that they are let by me on Conacre Licence (The Conacre Agreement) dated ____ to:

Name of licensee: _____

Address of licensee: _____

For the period _____ to _____

As a condition of the said licence the Licensee agrees to assume control and sole responsibility for those lands with regard to compliance of the Nitrates Action Programme (Northern Ireland) Regulations 2010 and the Phosphorus (Use in Agriculture)(Northern Ireland) Regulations 2010 for the whole period from 1st January ____ to 31st December____. This control and sole responsibility confers no rights of occupation or any other rights on or over the said lands except those, if any, referred to in The Conacre Agreement.

Signature of Licensor _____

Name in BLOCK LETTERS _____

Date _____

Signature of Licensee _____

Name in BLOCK LETTERS _____

Date _____

Schedule of fields

Farm Survey Number

Field Number

Agricultural area of field