

APPOINTMENT OF TAG AGENT BY HERD / FLOCK KEEPER

Tag Supplier Address

**E-mail
Phone**

This form has been sent to you by your proposed Tag Supplier to request your permission to access the DAERA systems. You should complete this form and return it to the Tag Supplier at the address above.

To whom it may concern

I/We authorise _____ to access the NIFAIS system and any relevant personal data held thereon, via the DAERA RuralNI Portal, for the sole purpose of authorising the ordering of ear tag(s) on my/our behalf.

I/We have been advised by _____ that procedures are in place to ensure the security and confidentiality of each business transaction - in particular, within the principles of the Data Protection Act 2018 and GDPR regulation.

My/Our Herd Number is: _____

My/Our Flock Number is: _____

My/Our Business ID Number is: _____

Signed: _____ Date: _____

Name(s) in capital letters: _____

Your Full address: _____

Your Contact phone number: _____ Mobile: _____

**THIS FORM SHOULD BE RETURNED TO YOUR EAR TAG SUPPLIER
AFTER COMPLETION**