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| **THE SCOTTISH BEEKEEPERS’ ASSOCIATION**  **THE COMPENSATION SCHEME C:\Users\Janice\Documents\SBA minutes sec\EXEC\SBA Logo NEW email size.jpg**  **CLAIM FORM** |
| 1. Full name:  Address:      Tel. No:  SBA Membership No.: |
| 2. Are you a full or family member of the SBA?  If an affiliated beekeeping association give the name of the secretary : |
| 3. Name of the affiliated beekeeping association and secretary’s contact details:  **Note all claims will be accumulated and assessed during the calendar year and settlement will be made in December.** |
| 4. Tick the compensation section under which the claim is made:  **A** Fire **B**  Theft **C** Vandalism **D** American Foul Brood or European Foul Brood |
| 5. Address of apiary relevant to claim  For A, B and C provide details of the loss including age of hive(s ) specific details of parts lost and current value. Use a supplementary appendix if necessary. |
| 6. Number of stocks at the apiary |
| 7. If the number of stocks is greater than 5 (ABAs excluded), state the amount of Compensation Category fee already paid: |
| 8. a) State the total number of stocks before the event:  b) State the total number of stocks lost:  c) Give the names and addresses of any witnesses to the event or any person who can testify to the accuracy of the claim:  d) Give particulars of the occurrence. If there is insufficient space for your answer use a separate piece of paper. Sign and date your statement.    9. If your claim is under section A, B or C, state:  Date of occurrence:  Date the police were informed:  Address of the Police Office notified:  State action taken by the police: |
| 10. If your claim is under Section D, state:  Date on which AFB/EFB was first suspected:  Date on which SGRPID official was notified\*:  Address of the SGRPID Area Office notified:  Note: The Compensation Scheme only covers bees or equipment where the SGRID Inspector specifically demands destruction.  Date stock(s) or equipment was/were destroyed:  Enclose SGRPID Destruction Certificate (will be returned).  Date of any previous claim for AFB or EFB:  \*All beekeepers have a legal obligation to report any suspicion of a notifiable disease or pest to the Bee Inspector at their local Scottish Government Rural Payments Inspections Directorate (SPRID Area Office or email Bees Mailbox with your details). |
| 11. I declare that the statements made by me are complete and correct and I claim the compensation to which I am entitled.  Signature Date  Signature of Witness  Address of Witness  Date of SGRPID Report  **ALL CLAIMS UNDER SECTIONS A, B AND C MUST BE SUBMITTED WITHIN THIRTY DAYS OF POLICE NOTIFICATION AND UNDER SECTION D (DISEASES) WITHIN THIRTY DAYS OF THE ISSUE OF THE SGRPID CERTIFICATE** |
| 12. For Affiliated Beekeeping Associations: In my belief the information given in this claim is accurate and I confirm that the appropriate affiliation fee has been paid.  Signature of ABA Secretary |
| For official use only: Date of SGRPID report: |