## Annex C: Draft Expression of Interest Form Part B

## [Draft] Marine Recovery Fund Expression of Interest Form - Part B

Please use this form to formally confirm your Marine Recovery Fund (MRF) strategic compensatory measure (SCM) requirements to Defra, as the MRF Operator, following granting of consent for your plan/project.

If you have previously had an accepted Expression of Interest Form – Part A, you must submit this form (Part B) within <u>60 days</u> of receiving your consent.

If you are applying for the reservation of an SCM post-consent, you must submit a completed copy of this form alongside a completed Expression of Interest Form – Part A.

MRF Reference Number: (If known)	
1. Applicant Company/Organisation name:	
Address Line 1:	
Address Line 2:	
City:	
County/Region:	
ZIP/Postal Code:	
Named point of contact:	
Email address:	
Telephone number:	
2. Agent Are you acting on behalf of the ap	oplicant?
Yes □	
No □	
If yes, please list your details belo	ow.
Company/Organisation name:	
Address Line 1:	
Address Line 2:	
City:	
County/Region:	

ZIP/Postal Code:	
Named point of contact:	
Email address:	
Telephone number:	
	me. If the project/plan has already been consented to, or is ease provide the name consistent with how it is referenced
•	upporting documentation below, as a weblink and/or an ble, a link to the Statutory Instrument, Secretary of State ase reference number, etc).
Drop files or click to upload	
of the Eol Part A process, or as	quirements 1 ation requirements the same as those reserved as a result re-negotiated for with Defra (as MRF Operator) during the taking stage of the project/plan's consent? If no, please
Yes □	
No □	
additional compensation, as	y (outside of the MRF) secure and deliver the required stipulated by the project/plan's conditional consent submit a new Eol Part A application to secure the desired
Yes □	

No 🗆
7. Estimated MRF Balance Payment/Final Investment Decision Date Please state your expected timeframe within which you will be aiming to make a final investment decision and make balance payment (or first instalment of an agreed payment plan) to the MRF for your project/plan.
8. Additional Documentation (optional) Please attach any additional documents considered necessary to support this application, along with a titled description of the document.
Drop files or click to upload  Browse
9. Additional Information (optional) Please provide a brief description of any other information provided that is in support of the application, but which has not been explicitly required.
10.Fee Please state the preferred arrangement for the deposit fee (for example, BACS, CHAPS). Payment of the deposit will be requested upon completion of processing this form by Defra, as MRF Operator.
11.Declaration I declare to the best of my knowledge that the information given in the form and enclosed documents are accurate and true.
Signature:
X
Print Name:

For and on behalf of: [Company/Organisation]		
Title/Role:	-	
Date:	-	