

## BREEDER/HORSE OWNER CODE

REMEMBER TO SIGN THIS FORM

	NAME OF	STUD FARM											
CHOOSE ONE: HORSE OWNER BREEDER													
IF YOU HAVE ANOTHER PRE BREEDER CODE, PLEASE PROVIDE IT:													
1 OWNER	Full name												
	Date of birth	1	ID Number										
	Full Address	S						Country					
	Municipality			Postal Code				State/Provin	ce				
	Phone	Mo	obile Phone		E	E-mail							
2 REPRESENTANTE	Representa						ID Number						
	Full Address	s						Country					
	Municipality			Postal Cod					State/Province				
	Phone	М	obile Phone		E	E-mail							
STUD FARM	Name of property or establishment												
	Full Address of property or establishment												
	Municipality			Postal Code				State/Province					
	Country	Country		Phone					Mobile Phone				
	Contact Pe	ontact Person		E-mail									
Sel	ect the posta	l address for all docu	umentation: 1	1. OWNER	2. R	REPRES	ENTATIV	E 🔲	3. STUD F	ARM			
Ple	ase indicate	your postal address	for invoices an	nd accounting p	urposes	. (Should	d that add	ress diff	erent from the	e one n	nentioned	previous	ly):
□ Bv	oigning this	document, you decla	ero that all date	a is true and so	urroot Cl	hould vo	u indicato	a ropro	contativo vo	ı outbo	rizo him/	har ta aat	hafara tha
-		, in which case, said				-			-		nize mim	nei io aci	belore the
In the city of on the day of , 20													
			6.	- 1									
			Sign	ed: THE OWNER			NTATIVE	(1)					
				THE OWNER									

IMPORTANT: Remember to sign this form & include a copy of you ID/Passport/Driver's license. Should the owner be a minor or a Corporation, please contact the Collaborating International Association in your country or the main LG PRE ANCCE Office (international@lgancce.com)

## (1) This document may be signed by the Representatives in the following cases:

- When the owner indicated in Section 1 is a corporation and its Administrator has been included as the Representative in Section 2 of this request form. Should the Representative and Administrator be different, this form should be signed by the Administrator.
- · Should there be a person with Power of Attorney within the Corporation Owner indicated in Section 1, and who has been the Representative listed in Section 2 of this form. The corresponding Power of Attorney shall be provided.

## Basic Data Protection Information:

- Color Protection monitation.

  Responsible for data processing: Royal Purebred Spanish Horse Breeders' Association.

  Objective of this data processing: Manage Association services and handle administration, fiscal and accounting processes of its members and breeders while providing timely information about ANCCE events, activities and services using a range of methods, including electronic means. The name of your stud farm, breeder code and brand will be published on the various ANCCE web sites for consultation relative to your condition as a breeder.
- Legitimation of this data processing: Legitimate interest.
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  Beneficiary: Your information and data may be turned over to the Ministries of Agriculture and Internal Revenue, as well as any other public administration that may so require as established by the laws of Spain. Information relative to your condition as a breeder may be published on the ANCCE web sites. We are working with email providers and outsources postal/messenger services involved in the international transfer of data, in which case we will adopt the necessary guarantees to protect your information. You may consult these suppliers at www.lgancce.com and www.ancce.com.

  Rights: You have the right to access, change or eliminate data, as well as other rights, which are detailed in the additional information section.

  Additional information: You may consult additional and more detailed information about Protection of Data at www.ancce.com or at www.lgancce.com.

☐ I have read and accept the specifics detailed in the section titled Basic Information Regarding Data Protection.

**AENOR** GESTIÓN DE LA CALIDAD ISO 9001

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