

Application form Replacement Horse Passport

If your (yellow) horse passport does not have a medical insert, you can request a replacement passport.

Information applicant (owner/holder)

You must complete the form below and send it along with the <u>original yellow passport</u> to the KFPS (postbox 624, 9200 AP Drachten).

Name and Initial(s)	
Address	
ZIP code and address	
Tel. no	
E-mail address	
(Possibly) membership number KFPS	R
Owner details (to be compl	eted by the applicant if not the owner)
Name and Initial(s)	
Address	
ZIP code and address	
Tel. no	
E-mail address	
(Possibly) membership number KFPS	R
	(* please strike out where not applicable)
Horse name	
Date of birth	
Life number	
Sex	stallion mare gelding
	Page1 from

European Direct Debit Mandate SEPA

 ${\bf Name: Koninklijke\ Vereniging\ "Het\ Friesch\ Paarden-Stamboek"\ Address:}$

Oprijlaan 1

Postal code: 9205 BZ Place of residence: Drachten

Country: The Netherlands Collector ID: NL43ZZZ400012060000 Mandate

Type of Payments: [] Recurring Payment or [] One-Time Payment(tick)

reference:(Your membership number + invoice number)

By signing this form you give permission to Koninklijke Vereniging "Het Friesch Paarden-Stamboek" to send a one-off direct debit order to your bank to debit an amount from your account in accordance with the instruction of Koninklijke Vereniging "Het Friesch Paarden-Stamboek". ".

If you do not agree with this debit, you can have it reversed. Please contact your bank within eight weeks after debit. Ask your bank for the conditions.

Subject (invoice number or description):
Name:
Address:
Postal Code:
Place of residence:
Account number (IBAN):
Place and date:
Signature:

If the authorization proves irrecoverable, administration costs will be charged.