

ADDITIONAL APPLICATION FOR MEMBERSHIP AS A BREEDING COMMUNITY

We herewith apply for the membership as a breeding community in the association "Verband der Züchter des Holsteiner Pferdes e.V." (hereafter Holsteiner Verband). We agree to acknowledge the statutes and decisions by the authority of the Holsteiner Verband and to make punctual payments of the fixed fees.

Extract from the statutes of the association:

A4.1.3: "Partnerships under the Civil Code (breeding partnerships) may be formed by at least two Verband members, one of whom must be nominated to the Verband as authorised for sole representation, and to whom declarations may be issued **with effect against both.**" According to the decision of the Assembly of Delegates on **16th December 2020**, the fees have been set as follows:

Annual fees:	Annual membership fee for active members	150,00 €
	Annual membership fee for passive members	125,00 €
	Annual mare activation fee per approved mare	40,00 €
	Annual stallion activation fee per stallion	500,00 €

Horse stock:	Mare(s): (name(s) & UELN)	Stallion(s): (name(s) & UELN)

**Name of the
breeding
community**

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**Members of the
breeding
community:**

<u>Member 1</u>	<u>Member 2</u>
First name:	First name:
Last name:	Last name:
Street/no.:	Street/no.:
ZIP code/city:	ZIP code/city:

Attention:

Pursuant to Section A4 of the Association's Statutes, a member may be any natural person, partnership under the Civil Code or legal entity which acknowledges the Association's Statutes in its current version. The Association must be provided with the name of one member authorized to act as sole representative; this member must also sign the declaration of accession.

The parties agree that the place of jurisdiction shall be Elmshorn

- We agree to have our personal data stored and processed by Verband der Züchter des Holsteiner Pferdes e.V. under the terms of section 6,7 DSGVO (General Data Protection Regulation). We have been informed about the privacy statement on www.holsteiner-verband.de.

I, _____ (name), herewith confirm that I am the authorized representative of this breeding community towards the Holsteiner Verband e.V.

Place, Date

Signature

Direct debit

Verband der Züchter des Holsteiner Pferdes e.V.
Westerstrasse 93, D-25336 Elmshorn
Phone: +49 4121 49 79 55
Email: kaminsky@holsteiner-verband.de

I / we hereby give a mandate for collection of SEPA direct debits.

Recipient of payment:

Verband der Züchter des Holsteiner Pferdes e.V.
Westerstrasse 93, D-25336 Elmshorn
Holsteiner Verband Creditor ID: DE85ZZZ00001838723
Mandate reference number: The mandate reference number corresponds to the member number of the Holsteiner Verband. This is stated on the invoices. For erroneous or incomplete bank details we need to provide additional bank fees.

Credit institution:

IBAN (22-digits): _____
BIC (11-digits): _____
Name of the Credit institution: _____

Account holder:

(fill in if account holder differs)

Last name: _____
First name: _____
Street/No.: _____
ZIP code/city: _____

**Mandate for collection
of SEPA direct debits:**

I / we authorize the Holsteiner Verband e.V. to collect payments / invoices from the aforementioned account by direct debit. At the same time I / we authorise my / our financial institution to pay direct debits drawn on my / our account by the Verband der Züchter des Holsteiner Pferdes e.V..
The SEPA - direct debits of the Holsteiner Verband e.V. will be identified by the creditor identifier and the mandate reference number corresponding to the member number.
Note: I / we can refund the debited amount within eight weeks, beginning with the loading date under the terms and conditions of my / our agreement with my / our bank.

Place, Date

Signature of account holder