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Dear Sir/Madam,

The Irish Horse Board Co-operative Society Ltd. was established in 1993. Following discussions with the Department of Agriculture & Food, a programme for development was agreed. The principal aspects of the programme are:

- A financial basis was established for the co-operative and shares are being offered at a rate of €10/£10 per share.
- There is an Annual Renewal fee of €25/£23 in subsequent years.
- · Registration fees for shareholders entitles members to avail of discounted rates.
- Access to CapallOir
- Each shareholder will have only one vote, irrespective of the number of shares held.
- It is not envisaged that shares will appreciate in value.

If you wish to become a shareholder please complete below and post form together with payment of €10/£10, payable to the Irish Horse Board.

Yours Sincerely,

Lawa Skelton

Laura Skelton Director General

The Irish Horse Board Co-operative Society Ltd. Application for ordinary shares by an individual

I, the undersigned apply for _____ ordinary transferable €10/£10 share(s) in the above named Society, in respect of which I agree to make payments required by the rules of the Society, and otherwise be bound thereby. I furthermore agree to pay the Annual Membership Fee as determined from time to time in accordance with Rule 5. I authorise the Irish Horse Board to publish in all forms including electronic media breeding and performance data relevant to my animals that are or were registered with the Irish Horse Register. I confirm that I am above the age of 16 at the date of thisapplication. **Disclaimer**: I understand that pursuant to the Data Protection Acts, 1988 and 2003 (the "DPA"), my consent is required for Horse Sport Ireland to process personal data which it may have in its possession concerning me including disclosure to third parties such as the Department of Agriculture Food and Marine. I note that this personal data may include sensitive personal data within the meaning of the DPA, the processing of which requires my explicit consent. As such, I consent to the processing of any information relating to me, either contained in this form or otherwise.

Name of Applicant: (Block Capitals)				
Signature of Applicant:		Date:		
Address:				
	Mobile/Tel:			
Email Address:	Occupation:			
Witness Name:(Block Capitals)	Signature:		Date:	
If you do not wish to recieved future communication by email please tick here:				

PAYMENT DETAILS

Enclose fee of €10/£10 (Payable by Cheque/Postal Order/Credit/Debit Card)

If you wish to pay using Credit or Debit Card please complete details below;

Name on Card: _____

Card Details:

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Expiry mm/yy					CVV N	umber (Last 3	Digits)				

For Office Use Only				
Date Received:				
Person ID:				
Amt Received:				
Payment Ref:				