



APPLICATION FOR STABLE NAME/PSEUDONYM

All pages (3) must be enclosed regardless of the total number of co-owners included in the stable name/pseudonym.

Svensk Travsport
Box 20151, 161 02 BROMMA
Phone +46 8 475 27 00 (support)

Stable name (please give three choices)

Name preferred Stable :
Second choice Stable :
Third choice Stable :

- Each person signing this application is subject to the Swedish competition regulations (Tävlingsreglemente) and is obliged to know and comply with this, as well as other regulations issued by the Swedish trotting association or by our affiliated organizations. The stable name/pseudonym is valid for the current calendar year. You will be invoiced for the registration fee (current fees are available at www.travsport.se).
- The stable name/pseudonym will automatically be renewed for another calendar year unless we receive a written notice of termination at no later than December 31st. The registration fee will be invoiced in January. We are not able to register more than 20 co-owners per stable name/pseudonym.
- On behalf of a minor, both guardians must sign this application.

Owner/authorized agent for owner

Owner's/agent's name (please print)	Date of birth/Corporate identity number	Telephone
Address	Postal address	
Signature and print name	Email address	

Co-owners

By signing this document, I/we hereby authorize the above mentioned agent to act on our behalf in all matters regarding the above mentioned horse:

Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name	Email address	
Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name	Email address	
Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name	Email address	
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Address	Postal address	
Signature and print name	Email address	

Owner/authorized agent for owner

Owner's/agent's name (please print)	Date of birth/Corporate identity number	Telephone
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Co-owners

By signing this document, I/we hereby authorize the above mentioned agent to act on our behalf in all matters regarding the above mentioned horse:

Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	

Signature and print name	Email address
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Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	

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Owner/authorized agent for owner

Owner's/agent's name (please print)	Date of birth/Corporate identity number	Telephone
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Co-owners

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Co-owner's name (please print)	Date of birth/Corporate identity number	
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Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name		Email address
Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name		Email address
Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name		Email address

All 3 (three) pages shall be sent to Svensk Travsport, Box 20151, 161 02 Bromma, Sweden

Information about Swedish Trotting Association's handling of personal data is described at travsport.se/integritetpolicy.