



Nederlandse Draf- en Rensport (www.ndr.nl)

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APPLICATION FORM STABLE NAME

STABLE NAME:.....

Authorized representative

Please attach a copy of your identification card!

Address

Code and residence

Country

E-mailaddress

Telephone

Mobile Phone

IBAN number

VAT number

Signature

He/she declares:

- a. to submit to all regulations of the Dutch Trotting and Racing Association (NDR)
- b. to have knowledge of all obligations originating from submission to all regulations
- c. deficit will be transferred
- d. signatory states to be a member of the NDR

Participations are:

Name	Address	Code/Residence	Signature
1.....
2.....
3.....
4.....
5.....
6.....

The above data will be processed according the general data protection regulation. By signing this formular you will give permission to do so. The data will be used exclusively for purposes within our organisation. If you want us to remove your data partly please let us know in writing.