Send to sport@svenskgalopp.se

Racing in Sweden / Entry Form

RACE

Racecourse

☐ Bro Park, Stockholm
☐ Jägersro Galopp, Malmö
☐ Göteborg Galopp, Gothenburg
☐ Strömsholm
☐ Gärdet (Nationaldagsgaloppen), Stockholm

Date	Name of race
Race no	Weight

HORSE

Name and suffix		Race
YOB	Sex	Colour
Sire	Dam	
Breeder		
Last start and possible upcoming start. Please attach complete performance.		
Racecourse		

OWNER

Name *
Address *
E-mail *
Racing colours *

TRAINER

Name *
Address *
E-mail *
Phone number *
Signature *

For owners, trainers, and riders from the **UK, Ireland, France, and Germany**: To make sure we can handle payments and any refunds, please fill in all the details on the registration form.

★

For owners, trainers, and riders from **other countries**:
To make sure we can handle payments and any refunds, please fill in all the details on the registration form **and , if you are not already registered with Svensk Galopp, also include the second form** with your bank account details (Part 2 – Request for Direct Deposit IBAN)

Notes

Mandatory: Performance enclosed ☐

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REQUEST FOR DIRECT DEPOSIT IBAN

If not already registered with Svensk Galopp

Please note! ***Registration and changes of new accounts will only be made during the time from billing date (the 5th–8th in the month) to the 25th of the same month.*** *This notice must be completely filled out and be sent to us. Please enclose a copy of ID/Passport for each person who signs this form.*

Svensk Galopp AB

Kunduppgifter/*Customer Details*

Namn/Bolag/*Name/Company*	Personnummer/*Date of birth*	Organisationsnummer/*Reg. No.*
Gatuadress/*Address*	Postadress/*Postal address*	Land/*Country*
Kundnummer/*Customer ID*	Telefon/*Phone*	
E-post/*E-mail*		
☐ Registrera VAT-numret för omvänd skattskyldighet. (Gäller endast för utländska näringsidkare)/ **VAT-nr:** *Register the VAT number for reverse charge.(Only for a company situated outside of Sweden)*		

Jag vill ha mitt/bolagets tillgodohavande insatt på nedanstående konto som tar emot svensk valuta/
Please transfer my funds to the following account that accept swedish currency

Bic-code/*Bic code*	IBAN-nummer/*IBAN No.*
Bankens namn/*Name of the bank*	

Underskrift(er)/Signature(s) **(För bolag ska firmatecknare skriva under. Bifoga en kopia av bolagsbeviset./**
For companies all persons authorized to sign must sign this form. Enclose a copy of the certificate of registration.)

Namnteckning(ar)/*Signature(s)*	Datum/*Date*
Namnförtydligande(n)/*Print name(s)*	
Namnteckning(ar)/*Signature(s)*	Datum/*Date*
Namnförtydligande(n)/*Print name(s)*	

För Svensk Galopps anteckningar/For office use only

Inkommet	Registrerat	Signatur

COPY OF ID/PASSPORT

Svensk Galopp AB

Rules and instructions:

- ***Copies of approved ID/Passports for all persons who signed the form*** *as qualified signatory by power of attorney* ***should be enclosed****.*
- *Check that the signature and date of birth are clear and legible on the copy.*
- *Approved ID´s are Swedish drivers licenses, Swedish ID-cards, Swedish passports, EU-passports not issued before September 1st 2006 and passports issued by Iceland, Liechtenstein, Norway or Switzerland not issued before September 1st 2006. Passports from other countries can be accepted provided that the authenticity can´t be questioned.*

Put the ID/passport here and copy the form.