

Agent Authorization Form

This form notifies the IMHPS that the designated agent has the right to discuss and process paperwork on behalf of the owner. Without this form, we cannot allow anyone other than the recorded owner to conduct business for the horse. This is an important measure to ensure that the horse's paperwork and registration are managed properly and that the owner's interests are protected.

| I/We,hereby authorize |
|--|
| to act as agent for me in the signing of these documents |
| |
| or all document(s) concerning my horses. |
| Agents Address: |
| |
| Post Code: |
| Telephone number |
| Email |
| Signature of Owner(s) |
| Date |
| Signature of Agent |
| Date |

I certify that I have completed this form to the best of my knowledge and the details I have given are accurate in all respects. The IMHPS respects the rights to privacy of all its clients and is registered under the Data Protection Act 1998. The IMHPS will need to use the information provided by you for its own internal administration but will not divulge any individual details to a third party without your consent. Under the terms of Article 28E of the Commission Implementing Regulation (EU) 2015/262 the IMHPS is legally required to share the information contained on the form with the Central Equine Database.