

MOTHER'S NAME



## FILL IN CAPITALS, SIGN AND RETURN TO FCH

JINETE / RIDER				
NAME	SURNAME		PASSPORT	
ADDRESS			BIRTHDAY	TOWN
PROVÍNCE	TELEPHONE		CELL	FAX
E-MAIL		COUNTRY		
You must present a certifica discipline and level in your o	ate of your local Feder origin country	ration, which autho	rizes your partici	pation in Catalunya, indicating your
CABALLO / HORSE				
HORSE NAME				
COAT	RACE			SEX
DATE OF BIRTH	PLACE		HORSE ORIGIN	
MICROCHIP NUMBER	PASSF	PORT F.E.I.		STUDBOOK
FATHER'S NAME		RACE		
MOTHER'S NAME		RACE		
CABALLO / HORSE				
HORSE NAME				
COAT	RACE			SEX
DATE OF BIRTH	PLACE		HORSE ORIGIN	
MICROCHIP NUMBER	PASS	SPORT F.E.I.		STUDBOOK
FATHER'S NAME		RACE		
MOTHER'S NAME		RACE		
CABALLO/ HORSE				
HORSE NAME				
COAT	RACE			SEX
DATE OF BIRTH	PLACE		HORSE ORIGIN	
MICROCHIP NUMBER	PASS	SAPORT F.E.I.		STUDBOOK
FATHER'S NAME		RACE		

RACE

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TVDEC	OE LICE	MCE DI	EQUIRED
ILLES	OF LIGE	NOE KI	EQUIRED

RIDER 60 €

---- HORSE **60** € \*

\* The license shall be valid only for riders and horses, and only allowed to participate to the same rider and / or horse in 5 national competitions in Spain. The Binomis must present the license from their Federation of origin, and also a certificate ensuring that the rider and the horse have an insurance coverage which includes Spain. A certificate specifying the level / gallops is also required.

## **PAYMENT**

- Income or Transfer in the account number: ES32.2100.0884.10.0200219183 (La Caixa)
  (Please, attach the payment receipt of this form, indicating the name of the rider as transfer concept)
- Cash Payment in our office: Rbla. Guipúscoa, 23-25, 4ºE 08018 Barcelona

## FURTHER INFORMATION:

The license won't be valid until the application form and the payment receipt is received. The certificate of origin Federation proving insurance coverage and the rider's level is also required.

The license expires the 31th of December.

The undersigned accepts the sporting rules concerning the Federació Catalana d'Hípica) or other legislation affecting him.

In accordance with the regulations in force in Protection of Personal Data, we inform you that your data will be incorporated into the treatment system owned by FEDERACIO CATALANA D HIPICA with CIF G08893869 and registered office located in RAMBLA GUIPUSCOA 23 - 25 08028, BARCELONA, with the purpose of managing the conditions of being federated in our entity. In compliance with current regulations. FEDERACIO CATALANA D HIPICA informs that the data will be kept during the legally established period.

With this clause is informed that your data will be communicated if necessary to: banks and savings banks, public administrations and all those entities with which communication is necessary, in order to comply with the provision of the aforementioned service. Failure to provide the data to the aforementioned entities implies that the aforementioned purposes can not be fulfilled.

In turn to, we inform you that you can contact the Data Protection Delegate of FEDERACIO CATALANA D HIPICA, by writing to the e-mail address mvalverde@icab.cat or by phone 902877192. FEDERACIO CATALANA D HIPICA informs that you will proceed to treat data in a lawful, fair, transparent, adequate, relevant, limited, accurate and up-to-date manner. That is why FEDERACIO CATALANA D HIPICA undertakes to adopt all reasonable measures so that these are suppressed or rectified without delay when they are inaccurate.

In accordance with the rights conferred by the current regulations on data protection may exercise the rights of access, rectification, limitation of treatment, deletion, portability and opposition to the processing of their personal data as well as the consent given for the treatment of the same, directing mvalverde@icab.cat your request to the postal address indicated above or to the electronic mail You can contact the competent Control Authority to present the claim you consider appropriate.

In accordance with the provisions of Law 1/1982, of May 5, on the right to honor, personal and family privacy and the image itself, we request your consent to use your images, captured by photographs or videos made by our entity, to publish them in www.federacio-catalana-hipica.cat

I AUTHORIZE the treatment of the images.

I DO NOT AUTHORIZE the treatment of the images.

Finally, FEDERACIO CATALANA D HIPICA communicates that with the signing of this document it grants explicit consent for the aforementioned treatments.

DATE	SIGNATURE	