



IRISH THOROUGHBRED
MARKETING

INWARD BUYER PROGRAMME CLAIM FORM

Full Name

(Cognome)

Company

(Nome di società)

Address

(Indirizzo)

Postcode **Country**

(Codigo)

(Paese)

Mobile No Tick to subscribe to

(Numero cellulare)

ITM Newsletter

Email

Client Type Owner Breeder Bloodstock Agent Trainer Other _____

(Professione)

(Proprietario)

(Allevatore)

(Agente)

(Allenatore)

(Altri)

FLAT NATIONAL HUNT DUAL

Lot(s) Purchased **Total Cost (€)**

(Lotti acquistati)

Costo Totale (€)

Purchasing Agent

(Agente)

Destination of Horse(s)

(Destinazione di cavalli)

Payment Options **A - Cheque: Payable to**

(Please tick one)

(Assegno a nome del)

B - Bank Transfer

Bank Details must be provided on Bank statement header

(Bonifico: le coordinate bancarie devono essere offerte su una copia del suo estratto conto)

C - *Insert Sale Co. A/C

D - Pay A/C on file with ITM

We require your personal details as set out above for client identity verification, subsequent client management and communications from ITM. Your personal details will only be shared with relevant parties and Horse Racing Ireland in relation to this purchase. This consent is required to facilitate your IBP claim. Please visit www.itm.ie for our Privacy Notice. All sections must be completed in order to receive payment. A copy of the terms and conditions are available on request.

Signature _____

Claimant

Date

For Office Use Only

Amount (€) _____

Authorised By _____

Date _____