



IRISH THOROUGHBRED  
MARKETING

**INWARD BUYER PROGRAMME CLAIM FORM**

**PRIVATE PURCHASES**

**Full Name**

**Company**

**Address**

**Postcode**  **Country**

**Mobile No**    Tick to subscribe to ITM Newsletter

Country Code

**Email**

**Client Type**  Owner  Breeder  Bloodstock Agent  Trainer  Other \_\_\_\_\_

FLAT  NATIONAL HUNT  DUAL

**Vendor**  **Agent**

**Address**

**Mobile No**  **Email**

**Horses Name**  **Year**

**Sire**

**Dam**

**Sex**  **Horse**  Raced  Unraced  Point-to-Pointer

**Date of Purchase**  **Cost** €

D D M M Y Y Y Y

**Destination of Horse**

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

(Please tick one)

**B - Bank Transfer**

Bank Details must be provided on Bank statement header

*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](http://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 \_\_\_\_\_