

**I the undersigned**

Surname:  First name:

Nominee for the company :

Occupation:  Activity with FG:

Address:

Post code:  Town:

Country:

**Hereby give authority to:**

Surname:  Prénom:

Occupation:  Activity with FG:

Address:

Post code :  Town:

Country:

Holder of the account nb (\*):

(\* ) if applicable. If the agent is not registered with France Galop, please send us a copy of identity card or passport as well as a proof of residence dated within 6 months.

to act as an "AGENT" for the operation of my account Nr  I empower the agent to carry out only those operations listed below in due compliance with existing regulations:

There shall be no restriction of amounts in the operations my agent will carry out for me on my account . **OR**  There shall be a restriction of 7 500 Euros in operations to be carried out by my agent on my account.

**MANDATE OPERATING RULES**

This authority enables the agent to carry out only the operations listed below from the Account-holder's account:

- Cheque deposits to be credited to the Account-holder's credit
- Cheque request on behalf of the account holder,
- Transfer from one account to another, using France Galop's transfer forms,
- Transfer to the account holder's bank account.

The Account-holder is informed that he/she will soon receive a confirmation notice for this authority from France Galop's Professional Accounts Department (Service des Comptes Professionnels de France Galop).

Should the Account-holder challenge the bestowed authority he/she shall promptly contact France Galop Department of Professional Accounts for cancelling this authority.

In the absence of any answer of the Account-holder within ten days after the confirmation document has been sent, the authority shall be considered valid.

The agent acknowledges he/she has been informed of the operating conditions of the Account-holder's account with France Galop.

The agent states on his/ her honour that he/she is not temporarily deprived of legal rights, nor appears on any forfeit list under the Rules of Racing.

The agent may in no circumstances transfer to any third party all or part of the authorizations contained in this authority.

If the Account-holder has nominated more than one agent, each of them shall be entitled to act separately and carry out the above-mentioned operations.

The operations carried out by the agent are as binding for the Account-holder towards France Galop, as if they had been done by the Account-holder himself.

This Authority shall remain valid until it has been duly rescinded in writing by the account holder.

This Authority completes and confirms any previous one issued on the same model to the same end and not cancelled to date.

The Account-holder acknowledges that France Galop is in no way liable, should the agent fail to comply with any legal or conventional requirements.

Place and date :

Signature of Account holder, add in handwriting in French « Bon pour mandat » - Authority validated)	Signature of agent, add in handwriting in French « Bon pour acceptation de mandat » - Authority accepted)	France Galop Visa

**I the undersigned**

Surname :  First name:

Nominee for the company :

Occupation:  Activity with FG

Address:

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**Hereby give authority to:**

Surname :  First name:

Occupation:  Activity with FG

Address:

Post code:  Town:

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Holder of the account nb<sup>(\*)</sup>:

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to act as agent to sign on my behalf any agreement (registration / change / cancellation) of joint-ownership contract or lease contract with the Licensing Department of France Galop.

This Authority shall remain valid until it has been duly rescinded in writing by the account holder.

The Account-holder acknowledges that France Galop is in no way liable, should the agent fail to comply with any legal or conventional requirements.

Place and date :

Signature of Account holder, add in handwriting in French « Bon pour mandat » - Authority validated)	Signature of agent, add in handwriting in French « Bon pour acceptation de mandat » - Authority accepted)	France Galop Visa