



JOINT-OWNER APPLICATION

Service des Licences/ Direction Opérationnelle des Courses

Contact:

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In accordance with French Law n° 78-17 of 6 January1978 concerning information technology and freedom of the individual, the User is entitled to exercise his or her right to access information concerning him or herself and to have this information changed, rectified or deleted. The User may exercise this right by writing to France Galop at the following address:

France Galop - Service des Licences - 15 bd de Douaumont - 75017 Paris.

This request can also be made online by clicking on the following address: https://agrements.france-galop.com

Compulsory documents:

- Application for registration as joint-owner.
- Required regulatory information to complete your application.
- Self-certification of tax residence.
- Your bank details (IBAN and BIC codes for international transfer or the account number, ABA number and SWIFT CODE if there is no IBAN code).
- A copy of an official identity document, such as a passport or identity card.
- A second piece of identity for country outside UE.
- A proof of registered address dated less than 3 months: electricity, gas or telephone bills.
- Your latest income tax return.
- A bank transfer for the registration's fees (489.60€).

Optional documents:

Racecourses access badge application.

Document for information:

- Summary table V.A.T.
- France Galop bank details





Summary of the treatment of Value Added Tax since January 1, 2021

	French citizens or foreign citizen with permanent establishment in France		EU citizens ^(d) (consumption of service in EU country)		Non-EU ^(d) citizens	
	VAT registered ^(b)	Not VAT registered ^(c)	VAT registered ^(b)	Not VAT registered ^(c)	VAT registered (b)	Not VAT registered ^(c)
	Professional	Private/Professional (a)	Professional	Private/Professional	Professional	Private/Professional
	VAT Inclusive	VAT Inclusive	VAT Exclusive	VAT Inclusive	VAT Exclusive	VAT Inclusive
Service provided by FG and invoiced to members	VAT invoiced and declared on CA3 form as output tax raised by FG	VAT invoiced and declared on CA3 form as output tax raised by FG	VAT Exclusive invoice bearing VAT number of the recipient of service. CA3 form and EDS (European Declaration of Service) to be filled in by FG. Reverse charges mechanism for FG members	VAT invoiced and declared on CA3 form as output tax raised by FG	VAT Exclusive invoice	VAT invoiced and declared on CA3 form as output tax raised by FG
Service provided by members (racing prizes)and invoiced to FG	VAT Exclusive		VAT Exclusive		VAT Exclusive	
	From January 1, 2021, racing prizes by France Galop are no longer subject to VAT. They are considered "out of scope".		From January 1, 2021, racing prizes by France Galop are no longer subject to VAT. They are considered "out of scope".		From January 1, 2021, racing prizes by France Galop are no longer subject to VAT. They are considered "out of scope".	

⁽a) Companies and non-profit organisations are granted VAT exemption based on a turnover threshold as established by the French tax administration (Art. 298 bis II 5°, French Code Général des Impôts - Régime Social Agricole - [French Tax Rules and Regulations, Farming Regime]).

^(b) For BtoB activities (VAT registered-> VAT registered), the place of taxation is that of the customer

^(c) For BtoC activities (VAT registered-> Not VAT registered), the place of taxation is that of the service provider

⁽a) With the ratification of the Withdrawal Agreement, the UK exited the European Union (EU) in an orderly fashion on January 31, 2020 at midnight. EU law will cease to apply in the UK after the transition period, scheduled until December 31, 2020, during which nothing changes for individuals and businesses.



APPLICATION FOR REGISTRATION AS JOINT-OWNER



Licensing Service - Phone: 00 33 1.49.10.21.29 - Email : cquillemin@france-galop.com

Can you indicate if you're	registered as owner in your co	ountry : 🗆 y	yes □ no		
Chosen trainer in France					
Name of the horse in Fran	nce :				
Name of your partners in	France :				
☐ Mrs ☐ Mr					
Surname:	Firs	st names :.			
Maiden name:					
Date of birth:	Place of birth:		Nationality:		
_	First name & surname of the fa	ather	and		
Address:					
			Country:		
Phone:	Mobile:				
Email (2):					
Marital and professional	<u>information</u>				
	Applicant		Spouse		
□ Single			Surname:		
☐ Married on:			First name:		
☐ Widow / Widower			Date of birth:		
☐ Divorced on:			Place of birth:		
Number of children:			Nationality:		
Employer (3):			Employer (3):		
Position:			Position:		
<u>Tax status in France</u> (1) : If <i>Non Resident</i> :	□ Resident	□ Non-	resident		
Permanent establish	ment in France (4):	□ Yes	□No		
V.A.T. registration (1):	Non registered				
V.A.T. number:					
Status (horseracing activi	ties) 🗆 Pro	ofessional	l □ Private		
	esponding to prizes and prem		f and empower FRANCE GALOP to issun. I undertake to inform FRANCE GALOP of any change		
□ I require that my addres	s recorded in your database b	e strictly fo	or the sole use of correspondence sent by France Galo		
Place and date:			Signature:		



REQUIRED REGULATORY INFORMATION TO COMPLETE YOUR APPLICATION



To be completed by the requesting person, the legal representative of INFORMATION the company (nominee) or the minor Surname: (*) Malden name: First names: (*) Date of birth : (*) Place of birth : (*) Nationality: (*) Address: (*) Post code:(*) Town: (*) Country: (*) Phone(s): (*) E-mail: (*) (*) mandatory informations **APPROVAL** Application for approval as: □ Owner/ Joint-owner / Lessor □ Trainer se tick the approval requested when applying) □ Person authorized to ride □Breeder-lessor □ Nominee ☐ Shareholder Name of the person for whom approval is sought, in the case of a legal person or minor: In the case of an application for authorization for a legal person, the company representative and the shareholder(s) must also complete a copy of this document. Acknowledges and accepts the following provisions: The information collected is intended for France Galop and the Ministry of the Interior to process your approval request. In application of article L. 114-1 of the internal security code, before issuing its opinion taking into consideration the issues of public order, public security and protection of health and minors, mentioned in Article L. 320-2 et seq. of the same code, the Minister of the Interior may initiate an administrative investigation intended to verify that your behavior, as well as that of those around you, is not incompatible with the exercise of the requested activity. In accordance with the terms of article R. 114-6 of the internal security code, you are informed that the administrative investigation gives rise to the consultation of automated processing of personal data covered by article 31 of law no. 78-17 of January 6, 1978 amended relating to computing, files and freedoms, with the exception of identification files. This information is also used by France Galop to manage your direct or indirect participation in horse races covered by the gallop racing code. In this context exclusively, they may be communicated to members of the horse racing institution. Done at The Signature

concentrix Self-certification of tax residence - Individuals

Tax regulations require CPS to collect certain information on the tax status of its clients. Tax regulations, in particular the one on automatic exchange of information (EIA-CRS - "Common Reporting Standard"), require payment institutions such as CPS to collect information about the tax residence of their clients.

Do not use this form if the account holder is not a natural person. In this case, please use and complete the "Self-certification of tax residence - Legal entity" form.

1 - IDENTIFICATION								
□ Madam □ Sir Birth name:								
Common name:								
First name(s):								
Date of Birth:								
Place of Birth (City + Postal Code):								
Country of Birth:								
Address of principal residence / place of residence (Postal Code + City + Country):								
Profession(s):								
Are you an American citizen? Yes, please provide your U.S. Tax Identification Number / TIN, here:								
2 - TAX RESIDENCE								
Please indicate below your country or countries of tax residence, in full, including if you are a French tax resident.								
Fiscal Identification Number (TIN / « NIF » in French) *								
* If and only if your country of tax residence is France, the tax identification number is optional. Indicate N/A if the country of tax residence does not issue a TIN.								
- DECLARATION								
I certify the accuracy and completeness of the information provided above and undertake to inform CPS immediately of any change in my situation requiring the updating of this declaration.								
I understand that, in accordance with the current regulation on automatic exchange of information (CRS/FATCA), in the absence of clear or consistent information, CPS may report accounts to the French tax authorities based on the information available. The French tax authorities may then disclose the data to the relevant authorities. I acknowledge that any false declaration may engage the liability of the represented entity, under the conditions provided for by law.								
Complete name:								
Signature								

NB: The personal data thus collected about you is mandatory and is intended to comply with regulations concerning the automatic exchange of information relating to accounts in tax matters. This data is intended for CPS, the data controller, and, where applicable, for the French tax authorities for transmission, if required by the regulations concerning the automatic exchange of information. We remind you that you have various rights over your personal data (right of access, rectification, opposition, etc.), which you may exercise by contacting CPS at the following e-mail address: privacy.cps@concentrix.com.



OUR BANK INFORMATION





Please mention on the bank form your name and "joint-owner application".

It will help us to credit your account in our books without delays.





RACECOURSES ACCESS BADGE APPLICATION

Racing activity: Joint-owner Mrs / Miss / Mr (1) First name Name • Address Please affix here a recent . passport size photograph No staple please • City . Country · Telephone Email Your spouse will be eligible for a personal badge if you complete the following information and enclose a passport size photograph Mrs / Miss / Mr (1) Please affix here a recent passport-size photograph of your spouse First name Name No staple please