

## **LESSOR-BREEDER APPLICATION (NON-EMANCIPATED MINOR)**

### **PREAMBLE**

**Dear Madam, Dear Sir,**

**Since 2012, the Code des Courses au Galop, the French Rules of Racing, provides that breeders have to be registered.**

**Indeed, the authorization to receive the French Breeder's Premiums is subject to the registration as lessor-breeder by the Stewards of France Galop.**

**To preserve the integrity of the horseracing world, the registration is subject to usual administrative formalities, in particular a character examination under the provisions of the Decree n° 97-456 of the 5th May 1997, as well as the Decree n°2010-1314 of the 2nd November 2010.**

**To launch your registration as a lessor-breeder, we kindly ask you to fill in and return by Post or email the enclosed forms, together with the documents.**

**Yours sincerely,**

### **YOUR CONTACT PERSON FOR PROCESSING YOUR REQUEST**

**Mr Laurent PAYEN  
(00) 33.1.49.10.21.56  
LPAYEN@FRANCE-GALOP.COM**

**France Galop  
Service des Licences  
15 Boulevard de Douaumont  
CS 64440  
75819 PARIS Cedex**

## LESSOR-BREEDER APPLICATION NON-EMANCIPATED MINOR - LIST OF REQUIRED ITEMS

**The request can be made directly on the website by sending these documents :**

→ **by email to [Ipuyen@france-galop.com](mailto:Ipuyen@france-galop.com)**

→ **by post to France Galop - Service des Licences - 15 bd de Douaumont - CS 64440 - 75819  
PARIS CEDEX**

### Compulsory documents

<input checked="" type="checkbox"/>	<b>Required items</b>	
<input type="checkbox"/>	<b>Application for registration as lessor-breeder</b>	<i>Attached document, to be completed</i>
<input type="checkbox"/>	<b>A bank transfer</b>	<i>Refer to the pricing document</i>
<input type="checkbox"/>	<b>An official document issued by your bank showing the name and address of the bank, your name, IBAN and SWIFT number</b>	<b>Validity</b> Official document issued by your bank in the name of the minor
<input type="checkbox"/>	<b>A copy of a valid identity document for the minor and legal representatives or legal guardians *</b>	<i>National identity card Passport Residence permit Driver's license <b>Validity</b> Valid document, front and back visible and legible</i>
<input type="checkbox"/>	<b>A copy of your last tax income for the legal representatives or legal guardians</b>	<b>Validity</b> Year N-1
<input type="checkbox"/>	<b>A complete photocopy of the family record book or birth certificate extract</b>	

\* National outside the European Union : a second copy of an official identity document must be provided.

### Optional documents

<input checked="" type="checkbox"/>	<b>Required items</b>	
<input type="checkbox"/>	<b>Proof of residence</b>	<i>If your address is different from the one on the tax notice <b>Validity</b> Dated less than 3 months ago</i>

**In accordance with the French Data Protection Act no. 78-17 of January 6, 1978, you have the right to access and rectify your personal data at any time. This right may be exercised by writing to the following address: France Galop - 15 boulevard de Douaumont - CS 64440 - 75819 Paris Cedex - France**

**LESSOR-BREEDER APPLICATION  
NON-EMANCIPATED MINOR - PRICING FOR 2026**

**Application for approval in paper format  
(sent by post/email)**

<b>Service</b>	<b>Price excluding VAT</b>	<b>VAT</b>	<b>Price including VAT</b>
Approval fees	129,00 €	25,80 €	154,80 €
Membership fee *	100,00 €	20,00 €	120,00 €
<b>Total</b>			<b>274,80 €</b>

Payment of these fees is made by bank transfer to the bank account details below. Please indicate your surname and first name on the transfer, followed by 'lessor-breeder approval'.

\* If you have already paid the annual membership fee, your account will not be debited again.

**France Galop bank details**

**BANK CODE** 30003 **OFFICE CODE** 03764 **ACCOUNT N°** 000 501 000 16 **RIB KEY** 37  
**FAVOUR OF** « FRANCE GALOP » **BANK** SOCIETE GENERALE  
**IBAN** FR76 30003 03764 00050100016 37  
**SWIFT CODE** SOGEFRPP

## APPLICATION FOR REGISTRATION AS LESSOR-BREEDER (NON-EMANCIPATED MINOR)

**FORM TO BE COMPLETED IN ITS ENTIRETY  
BY THE LEGAL REPRESENTATIVE OR LEGAL GUARDIAN**

### INFORMATION CONCERNING THE MINOR

<b>Civility</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr
<b>Surname</b>	[Text input field]
<b>First names</b>	[Text input field]
<b>Maiden name</b>	[Text input field]
<b>Date of birth</b>	[Text input field]
<b>Place of birth</b>	[Text input field]
<b>Son, daughter of (father)</b>	[Text input field]
<b>Son, daughter of (mother)</b>	[Text input field]
<b>Address</b>	[Text input field]
<b>Post code</b>	[Text input field]
<b>Town</b>	[Text input field]
<b>Country</b>	[Text input field]
<b>Phone</b>	[Text input field]
<b>Mobile</b>	[Text input field]
<b>Email</b>	[Text input field]

### INFORMATION CONCERNING THE LEGAL REPRESENTATIVE OR LEGAL GUARDIAN

<b>Civility</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr
<b>Surname</b>	[Text input field]
<b>First names</b>	[Text input field]
<b>Maiden name</b>	[Text input field]
<b>Date of birth</b>	[Text input field]
<b>Place of birth</b>	[Text input field]
<b>Son, daughter of (father)</b>	[Text input field]
<b>Son, daughter of (mother)</b>	[Text input field]
<b>Address</b>	[Text input field]
<b>Post code</b>	[Text input field]
<b>Town</b>	[Text input field]

**Country**

**Phone**

**Mobile**

**Email**

**Family situation**
 Single

 Contract of civil union

 Married

 Divorced

 Widow / Widower

**Number of children**

**You**
**Occupation**

**Company name and address**

**Nature of the company's business**

**Your spouse**
**Surname**

**First name**

**Date of birth**

**Place of birth**

**Nationality**

**Occupation**

**Company name and address**

**Nature of the company's business**


### TAX STATUS IN FRANCE FOR THE MINOR

**Your status**
 Resident

 Non-Resident

**If non-resident**
 European Union

 Outside the European Union

### PROOF OF ACCOMODATION

**I, the undersigned,**

**Date of birth**

**Place of birth**

**I solemnly declare that I am providing accommodation at my residence, the child (first name and name)**

**Date of birth**

**Place of birth**

**Since**

**At the following address**


### CONFIDENTIALITY OF YOUR DATA

**I require that my address recorded in your database be strictly for the sole use of correspondence sent by France Galop.**

**In accordance with the French Data Protection Act no. 78-17 of January 6, 1978, you have the right to access and rectify your personal data at any time. This right may be exercised by writing to the following address: France Galop - 15 boulevard de Douaumont - CS 64440 - 75819 Paris Cedex - France**

### REGULATORY INFORMATION IN CONNECTION WITH YOUR APPLICATION FOR APPROVAL

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**

**Date**

**Surname and first name  
(legal representative  
or legal guardian)**

**Signature**

Tax regulations require CPS to collect certain information on the tax status of its clients. The regulations governing the automatic exchange of information (AIE-CRS - "Automatic Information Exchange - Common Report Standard") impose notably the following obligations on all payment institutions operating in France:

- Identification of their clients and their tax residences.
- Annual reporting of clients who are not French tax residents to the French tax authorities.

You must complete this self-certification of tax residence to enable CPS to comply with its obligations. It will be valid only if all the fields are completed.

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

<input type="checkbox"/> Madam	<input type="checkbox"/> Sir
<b>Birth name:</b>	
<b>Common name:</b>	
<b>First name(s):</b>	
<b>Date of Birth:</b>	
<b>Place of Birth:</b>	
<b>Country of Birth:</b>	
<b>Address of principal residence / place of residence (Postal Code + City + Country):</b>	
<b>Profession(s):</b>	

#### Are you an American citizen?

Yes, please provide your U.S. Tax Identification Number / TIN, here: .....

No

### 2 – TAX RESIDENCE

Please indicate below your country or countries of tax residence, in full, including if you are a French tax resident.

Country(ies) of tax residence(s)	Fiscal Identification Number (TIN / « NIF » in French) *
1.	
2.	

\* 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.

### 3 – 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.**

Should I fail to provide all or part of this information, or in the event of unjustified inconsistencies/contradictions between the declarations made in this self-certification and other information available to CPS, I understand that my accounts may be declared to the French tax authorities on the basis of indications of tax residence already known to CPS, in accordance with the regulations on the automatic exchange of information. The French tax authorities will forward this information to the tax authorities of the country(ies) of tax residence(s) concerned.

We would like to draw your attention to the fact that, in accordance with article 441-7 of the French Penal Code, the drawing up of a certificate stating materially inaccurate facts, the falsification of an originally sincere certificate or the use of an inaccurate or falsified certificate is punishable by one year's imprisonment and a fine of €15,000. These penalties are increased to three years' imprisonment and a €45,000 fine when the offence is committed with a view to damaging the Treasury or the assets of another person.

Signed in and on .....

Complete Name .....

Signature