

LESSOR APPLICATION

Service des Licences/ Direction Opérationnelle des Courses

Contact :

Clémence GUILLEMIN
01 49 10 21 29
cguillemin@france-galop.com

The application must be submitted directly on the website **(free of charge)**:

**AGRÉMENTS
EN LIGNE**

<https://agreements.france-galop.com>

OR by sending the documents:

- by email to cguillemin@france-galop.com
- by post to France Galop, Licensing Department, 15 bd de Douaumont, CS 64440, 75819 PARIS CEDEX

Sending the documents by email or by post requires additional registration fees in the amount of €98.40.

Compulsory documents:

- Application for registration as lessor.
- Required regulatory information to complete your application.
- An official document issued by your bank showing the name and address of the bank, your name and your IBAN and SWIFT number.
- A bank transfer for the registration's fees (340.80€).
- A copy of an official identity document, such as a passport or identity card.
- A proof of registered address dated within 3 months.
- If applicable, a V.A.T. registration certificate (EU) or a copy of the last V.A.T. form.

Optional documents:

- Racecourses access badge application.
- 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) Professional	Not VAT registered ^(c) Private/Professional ^(a)	VAT registered ^(b) Professional	Not VAT registered ^(c) Private/Professional	VAT registered ^(b) Professional	Not VAT registered ^(c) Private/Professional
Service provided by FG and invoiced to members	VAT Inclusive	VAT Inclusive	VAT Exclusive	VAT Inclusive	VAT Exclusive	VAT Inclusive
	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	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".	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

^(d) 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.

Account Number at FRANCE GALOP: (to be filled if you already have an account with France Galop)

☐ Mrs ☐ Mr ⁽¹⁾

Surname:

First names:

Maiden name:

Date of birth: Place of birth: Nationality:

☐ Son, ☐ daughter of ⁽¹⁾ and
First name & surname of the father *First name & surname of the mother*

Address:

Post code: Town: Country:

Phone: Mobile:

Email ⁽²⁾:

Marital and professional information

Applicant

Spouse

☐ Single

☐ Married on:

☐ Widow / Widower

☐ Divorced on:

Number of children:

Employer ⁽³⁾ :

Position:

Surname:

First name:

Date of birth:

Place of birth:

Nationality:

Employer ⁽³⁾ :

Position:

Tax status in France ⁽¹⁾ :

☐ Resident ☐ Non-resident

If *Non Resident* :

Permanent establishment in France ⁽⁴⁾: ☐ Yes ☐ No

V.A.T. registration ⁽¹⁾ : ☐ Non registered ☐ Registered V.A.T. number :

Status (horseracing activities) ☐ Professional ☐ Private

☐ I hereby certify that I have been legally VAT registered as of and empower FRANCE GALOP to issue invoices in my name, corresponding to prizes and premiums won. I undertake to inform FRANCE GALOP of any change in my fiscal status regarding V.A.T.

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

Place and date:

Signature:

(1) tick the right box.

REQUIRED REGULATORY INFORMATION TO COMPLETE YOUR APPLICATION

INFORMATION	To be completed by the requesting person, the legal representative of the company (nominee) or the minor
Surname : (*)	
Maiden 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: <small>(please tick the approval requested when applying)</small>	<input type="checkbox"/> Owner/ Joint-owner / Lessor <input type="checkbox"/> Trainer <input type="checkbox"/> Person authorized to ride <input type="checkbox"/> Breeder-lessor <input type="checkbox"/> Nominee <input type="checkbox"/> 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



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

<input type="checkbox"/> Madam <input type="checkbox"/> 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:.....

☐ 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.

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.

Signed in (place):

Complete name:

On (date):

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



RELEVÉ D'IDENTITÉ BANCAIRE

Titulaire
FRANCE GALOP

Domiciliation
**SG PARIS R.G ENTREPRISES (03764)
33 AVENUE DU MAINE
75755 PARIS**

Référence bancaire

Code banque	Code guichet	N° compte	Clé RIB
30003	03764	00050100016	37

IBAN : **FR76 3000 3037 6400 0501 0001 637**
BIC-ADRESSE SWIFT : **SOGEFRPP**

Please mention on the bank form the name and the account number (with France Galop) to be credited. It will help us to credit your account in our books without delays.

Racing activity: Breeder-Lessor

Mrs / Mr ⁽¹⁾

First name :

Name :

Address :

:

:

Post Code/Zip code :

City :

Country :

Telephone :

Fax :

Email :

Please affix here a recent
passport size photograph

No staple please

Your spouse will be eligible for a personal badge if you complete the following information and enclose a passport size photograph

Mrs / Mr ⁽¹⁾

First name :

Name :

Please affix here a recent
passport-size photograph
of your spouse

No staple please