

ANICA

ASSOCIAZIONE NAZIONALE ITALIANA CAVALLO ARABO

Via delle Basse 1/1 A – 43044 COLLECCHIO PR

Tel 0521/805250 – fax 0521/800212 - segreteria@anicahorse.org - www.anicahorse.org

APPLICATION TO BECOME AN ANICA MEMBER

NAME, LAST NAME OR COMPANY/STUD NAME OF APPLICANT:

Address _____ n. _____ Postal code _____

Province/Region/City _____ Country _____

Date of birth _____ place of birth _____ Country _____

Italian Registered ID number (Codice Fiscale) _____

Or VAT/company registered tax code (Partita IVA) _____

Phones: home _____ office. _____ mobile _____

email _____ @ _____ web: www _____

In case of: company/stud, information of the administrator/ legal representative

Name: _____ Surname _____

Address _____ n. _____ Postal code _____

Province/Region/City _____ Country _____

Date of birth _____ place of birth _____ Country _____

Italian Registered ID number (Codice Fiscale) _____

Phones: home _____ office. _____ Mobile _____

email _____ @ _____ web: www _____

ADDRESS OF THE APPLICANT MEMBER IN ITALY. (ANICA will send here all horses documents and all correspondence).

By c/o Cognome e Nome _____

Nato il _____ **a** _____

Codice Fiscale : _____

Via _____ n. _____ cap _____

Loc/fraz _____ Provincia _____

Tel casa : _____ ufficio : _____ cell: _____

email _____ @ _____ web: www _____

I, The undersigned am aware of the legal consequences provided for those who make false statements; I ask to become a member of ANICA and I declare under my own responsibility that the informations provided are complete and accurate. I also declare to accept unconditionally the provisions of the constitution and rules adopted by ANICA of which I took preventive vision.

Venue and date _____ Applicant legible signature _____

For minors, signature of parental authority

CAUTION - FILL IN AND SIGN BOTH SIDES OF FORM

Updated on 13/12.2016

