

VERBAND DER ZÜCHTER DES HOLSTEINER PFERDES E.V.  
**APPLICATION FOR MEMBERSHIP**

I herewith apply for the membership in the Holsteiner horse association "Verband der Züchter des Holsteiner Pferdes e. V" in Germany. I agree to acknowledge the statutes and decisions by the authority of the Holsteiner Verband and to make punctual payments of the fixed fees.

**Extract from the statutes of the association:**

§8: "The member has to pay an admission fee, which amount is set at the delegate assembly. According to the decision of the delegate assembly on **16th December 2020** the amount has been set as follows:

<b>One-time fees:</b>	One-time admission fee for all members	100,00 €
	For every member of a breeding community	100,00 €

<b>Annual fees:</b>	Personal membership	110,00 €
	Annual mare activation fee per approved mare	35,00 €
	Annual stallion activation fee per stallion	384,00 €

<b>Horse stock:</b>	Mare(s): (name & UELN)	Stallion(s): (name & UELN)

<b>Member:</b>	Last name:	Country:
	First name:	Phone-no.:
	Street/No.:	Mobile-no.:
	ZIP code/city:	Fax-no.:
	Birthday:	E-Mail:
	VAT-ID:	

**Attention:** According to the §4 of the statute of the association every natural person, company of civil law or legal entity can become a member. The association demands that the member, who is also signing the application, has a representing authority.  
**The parties agree on Elmshorn as court of jurisdiction**

I agree to have my personal data stored and processed by Verband der Züchter des Holsteiner Pferdes e.V. under the terms of section 6,7 DSGVO (General Data Protection Regulation). I have been informed about the privacy statement on [www.holsteiner-verband.de](http://www.holsteiner-verband.de).

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Signature

# VERBAND DER ZÜCHTER DES HOLSTEINER PFERDES E.V., KIEL



## Direct debit

Verband der Züchter des Holsteiner Pferdes e.V.  
Steenbeker Weg 151, D-24106 Kiel  
Phone: 0431-3059960  
Fax: 0431-336142

Internet: [www.holsteiner-verband.de](http://www.holsteiner-verband.de)  
E-Mail: [hoffmann@holsteiner-verband.de](mailto:hoffmann@holsteiner-verband.de)

## I / we hereby give a mandate for collection of SEPA direct debits.

<b>Recipient of payment:</b>	Verband der Züchter des Holsteiner Pferdes e.V. Steenbeker Weg 151, 24106 Kiel Holsteiner Verband Creditor ID: DE85ZZZ00001838723 Mandate reference number: The mandate reference number corresponds to the member number of the Holsteiner Verband. This is stated on the invoices. For erroneous or incomplete bank details we need to provide additional bank fees.
<b>Credit institution:</b>	IBAN (22-digits):  BIC (11-digits):  Name of the Credit institution:
<b>Account holder:</b> (fill in if account holder differs)	Last name:  First name:  Street/No.:  ZIP code/city:
<b>Mandate for collection of SEPA direct debits:</b>	I / we authorize the Holsteiner Verband e.V. to collect payments / invoices from the aforementioned account by direct debit. At the same time I / we authorise my / our financial institution to pay direct debits drawn on my / our account by the Holsteiner Verband e.V.. The SEPA - direct debits of the Holsteiner Verband e.V. will be identified by the creditor identifier and the mandate reference number corresponding to the member number. <b>Note:</b> I / we can refund the debited amount within eight weeks, beginning with the loading date under the terms and conditions of my / our agreement with my / our bank.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Signature of account holder

**VERBAND DER ZÜCHTER DES  
HOLSTEINER PFERDES E.V., KIEL**

