



The International Spanish Warmblood Horse Association

OFFICE USE ONLY
Date Received: _____
Approved by: _____

ISWHA Authorization Form

Individual, Syndicate, Farm, or Business Name _____		ISWHA Membership # _____	
Full postal address _____		State/Country _____	Country _____
Phone Landline + _____	Phone Mobile + _____		
E-mail _____	Website _____		

The designated organization for which this authorization is filed is: Please select one:

Individual Proprietorship _____ This Authorization is for **ALL** horses owned by the above Individual, Syndicate, Farm, or Business

Partnership _____ This Authorization is **only for the following** horse(s):

Syndicate (A copy of the Syndicate must be included with this Application) _____

Trust (A copy of the Trust Agreement must be included with this Application) _____

Corporation (Must complete Section D of this form) _____

The above named Individual, Syndicate, Farm, or Business, Hereby authorizes the person(s) named in "Section A" to execute documents indicated in "Section B", on behalf of the above individual, Syndicate, Farm, or Business, beginning on the date of: _____. This authorization shall remain in effect until written notice of cancellation is received by the ISWHA.

Section A: Authorized Persons

1 _____ + _____ + _____

Surname Given Names Phone Landline Phone Mobile

Full postal address _____ Zip/postcode _____ State/Country _____ Country _____

Signature _____ / _____ / _____
Date (dd/mm/yyyy)

2 _____ + _____ + _____

Surname Given Names Phone Landline Phone Mobile

Full postal address _____ Zip/postcode _____ State/Country _____ Country _____

Signature _____ / _____ / _____
Date (dd/mm/yyyy)

3 _____ + _____ + _____

Surname Given Names Phone Landline Phone Mobile

Full postal address _____ Zip/postcode _____ State/Country _____ Country _____

Signature _____ / _____ / _____
Date (dd/mm/yyyy)

Section B: Documents

Registration Applications Transfers of Ownership Breeder's Certificates Stallion Breeding Reports Lease Authorizations

Inspections DNA/Microchip Forms Affidavits in behalf of owner (Duplicate/Corrected/Replacement Certificates)

Section C: Partners

Persons listed in Section C are represented as being partners, corporate officers, or co-managers of the syndicate, farm, or business, but WILL NOT BE authorized to sign any documents unless also listed in Section A. List full names and addresses of all partners, corporate officers, or co-managers of the syndicate, farm, or business. If any individuals listed in Section B are also partners, they must be listed here. Failure to list all such persons may subject the persons signing this authorization form to possible disciplinary action. If you need additional space, use the back of this page.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Section D: Corporate Resolution

I, _____, Secretary of _____, a _____,

Name of Company

Classification of company

hereinafter referred to as "Company", do hereby certify that I am the keeper of the records and the minutes of the proceedings of the Board of Directors of the Company, and that on the ____ day of _____, in the year _____, there was held a meeting of the Board of Directors of said Company, which was duly called and held in accordance with law, and the bylaws of the Company, and at which meeting a quorum of the Directors was present; and at that said meeting the following resolutions were duly and legally passed:

RESOLVED, that _____, _____

(Name of Corporate Officer)

(Title of Corporate Officer)

may execute and deliver to, the International Spanish Warmblood Horse Association, Western Australia, written authorization to transact the corporation's business pertaining to Spanish Warmblood horses. A copy of the Authorizations Form is Attached to this Corporate Resolution and made a part hereof for all purposes. This authorization shall continue in full force and effect until such time as the International Spanish Warmblood horse Association is notified in writing, at its office In Western Australia, by registered mail; however, such termination or amendment of previous authority shall, in no event, affect the validity of all previous acts of the above specified corporate officer exercised in the furtherance of the corporation's business transactions with the International Spanish Warmblood Association.

I further certify that the following persons are the officers of this company and those authorized to sign in the foregoing resolutions are designated, and that the signatures hereon are the true signatures of such officers and persons.

Signature of Officer

Title of Officer, _____
Date (dd/mm/yyyy)

Signature of Officer

Title of Officer, _____
Date (dd/mm/yyyy)

IN WITNESS WHEREOF, I have set my hand as Secretary of said Company, this _____ day of _____, year _____.

Signature of Secretary,

Date (dd/mm/yyyy)

Section E: Authorization

IN EXECUTING THIS AUTHORIZATION FORM, I REPRESENT IT IS TRUE AND CORRECT AND THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION.

OWNER: _____

TITLE: _____
Specify individual owner, co-owner, partner, Officer, or Syndicate Manager.

SIGNATURE: _____ DATE: _____ (dd/mm/yyyy)