

## **ACCREDITATION FORM**

(within 10<sup>th</sup> May send to <u>commerciale@sistemaeventi.it</u>)

National Federation :

|                  |                         | RIDERS (MAX 5)               |                        |        |              |
|------------------|-------------------------|------------------------------|------------------------|--------|--------------|
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                      | CITY AND COUNTRY       | E-MAIL | MOBILE PHONE |
|                  |                         |                              |                        |        |              |
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|                  |                         |                              |                        |        |              |
|                  |                         | CREW ( MAX 4 PER RID         | ER)                    |        |              |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | CREW ( MAX 4 PER RID ADDRESS | ER )  CITY AND COUNTRY | E-MAIL | MOBILE PHONE |
| NAME AND SURNAME |                         |                              |                        | E-MAIL | MOBILE PHONE |
| NAME AND SURNAME |                         |                              |                        | E-MAIL | MOBILE PHONE |
| NAME AND SURNAME |                         |                              |                        | E-MAIL | MOBILE PHONE |
| NAME AND SURNAME |                         |                              |                        | E-MAIL | MOBILE PHONE |

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| HORSE OWNERS ( AS REPORTED ON HORSE FEI PASSPORT ) |                         |         |                  |        |              |
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| NAME AND SURNAME                                   | PLACE AND DATE OF BIRTH | ADDRESS | CITY AND COUNTRY | E-MAIL | MOBILE PHONE |
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| CHEF D'EQUIPE ( ONLY FOR TEAM ) |                         |         |                  |        |              |
|---------------------------------|-------------------------|---------|------------------|--------|--------------|
| NAME AND SURNAME                | PLACE AND DATE OF BIRTH | ADDRESS | CITY AND COUNTRY | E-MAIL | MOBILE PHONE |
|                                 |                         |         |                  |        |              |

|                  | -                       | EAM VET ( ONLY FOR T           | 27 (101 )        |        |             |
|------------------|-------------------------|--------------------------------|------------------|--------|-------------|
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHON |
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|                  | TEA                     | M FARRIER ( ONLY FOR           | R TEAM )         |        |             |
|                  |                         |                                |                  |        |             |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHO  |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHO  |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHO  |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHO  |
| NAME AND SURNAME | PLACE AND DATE OF BIRTH | ADDRESS                        | CITY AND COUNTRY | E-MAIL | MOBILE PHO  |
| NAME AND SURNAME |                         | ADDRESS  TRAINER ( ONLY FOR TE |                  | E-MAIL | MOBILE PHO  |



## **Equine Health** Self-Certification Form



This form must be completed for each Horse attending any FEI Event from 12 April 2021 and until further notice. It can be completed by the Person Responsible (PR) or their representative (e.g. their groom) and must be shown to the FEI Veterinarian carrying out the Examination on Arrival. Failure to properly complete, sign or submit this form will result in the imposition of a fine of CHF400 per Horse.

| Event name:  | Event date:  |
|--|--|
| Horse<br>name:   | FEI ID No.   |
| PR:  | FEI ID No.   |
| <ul><li>recent</li><li>recent</li><li>enlarge</li><li>fever (i</li></ul> | the abovementioned Horse does not show any of the following clinical signs: cough of unknown cause nasal discharge of unknown cause ed lymph nodes rectal temperature of more than 38.5°C) onset of neurological signs of unknown cause as |
| I confirm that   | the abovementioned Horse:  |
|  | under current investigation for EHV infection.<br>t been in contact with and is not kept on the same premises as a horse known to  |

- have or be under investigation for EHV.
- had its rectal temperature taken before travel and the reading was less than 38.5°C.

I further confirm that the Horse's temperature has been monitored for the preceding 10 days and has been duly recorded in the temperature monitoring chart attached here as Annex 1.

Although it is permissible for the PR to delegate the completion and submission of this form to a representative (e.g. their groom), the PR remains responsible for any failure to comply with the requirements, including the completion, signature and submission of the form.

Any falsification of this form or the temperature monitoring chart may lead to the opening of disciplinary proceedings in accordance with the disciplinary process set out in the FEI General Regulations.

| Signed      |                     |
|-------------|---------------------|
| Print name: |                     |
| Date:       |                     |
| PR          | PR's Representative |

## DISCLAIMER ABOUT ART. 13-14 OF THE GDPR (GENERAL DATA PROTECTION REGULATION) 2016/679 AND THE NATIONAL LAWS

| INFORMATIONS   |                                      |
|--|--------------------------------------|
| This disclaimer contains the essential information about the processing of personal data concerning you and is formulated pursuant to the new legislation (GDPR) to allow full awareness of your rights (and duties) on the subject: Personal data relating to the booking of services pursuant to of the Prime Ministerial Decree of 6 MARCH 2021 n. 2 in the Gazzetta Ufficiale of 07-03-2021                              | What is it about?                    |
| sistemaeventi.it s.r.l. C.F. 02904990542 (email: <a href="mailto:info@sistemaeventi.it">info@sistemaeventi.it</a> pec: <a href="mailto:sistemaeventi@pec.it">sistemaeventi@pec.it</a> ) will process the personal data provided with this form, in paper form for the only purpose of storage as prescribed by the aforementioned legislation, for the purposes set out in Regulation (EU) 2016/679 (GDPR).                  | Who processes my<br>data?            |
| The provision of data is mandatory (no express consent is required) pursuant to the current legislation on the containment of Covid-19 risk based on national legislation (DPCM 06-03-21) as the legislation provides for the obligation to keep the booking data. The data will only concern the Date, Time, Surname / Name, Place and Date of birth, Address, City and Country of origin, Email address and Mobile number. | Must I provide data?                 |
| The data will be processed for as long as necessary for management for the purposes of any request from the competent authorities for a period of 14 days, after which the data will be destroyed by shredding and transferring to separate collection (in such a way that the data itself cannot be reconstructed).   | How long are my data processed?      |
| The data will be communicated to the competent authorities only upon request in the cases provided by current legislation.   | Who is my data sent to?              |
| Interested parties have the right to ask the data controller for access to personal data and the correction or cancellation of the same or the limitation of the processing that concerns them or to oppose the processing (articles 15 and following of the GDPR). The specific request to the Authority is presented by contacting the Data Protection Officer (RPD-DPO)   | What rights do I have<br>on my data? |
| The interested parties, having met the conditions, also have the right to lodge a complaint with the Guarantor as supervisory authority according to the established procedures.  For more information <a href="https://www.garanteprivacy.it/">https://www.garanteprivacy.it/</a>   | Who can I contact?                   |
| More and more precise details on <a href="http://www.governo.it/it/articolo/contefirma-il-dpcm">http://www.governo.it/it/articolo/contefirma-il-dpcm</a>   | That's all?                          |

| Date | Time | Signature |
|------|------|-----------|
|      |      |           |
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