

## PARTNERSHIP REGISTRATION DETAILS

Please complete all fields on the form

Partnership Name:

Bank Account Number:

Sort Code:

	First Name	Surname	House Name/ Number	2nd line of address	Town	County	Postcode	Date of Birth	National Insurance Number	Telephone/Mobile Number	E-mail address	Percentage Share
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Please e-mail this form to [vat@roa.co.uk](mailto:vat@roa.co.uk)

## VAT APPLICATION – HORSE LIST

**Please attach the horse purchase invoice(s) to your email**

	Horse Name*	% owned	Sponsor	Purchase Invoice Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Please e-mail this form to [vat@roa.co.uk](mailto:vat@roa.co.uk)**