

## Order form DNA Test

The undersigned hereby commissions the KFPS to conduct DNA tests at the Van Haeringen Laboratorium in Wageningen.

The DNA test applies to

Dwarfism, hydrocephalus and chestnut factor\*

Paternity test\*

Use hair samples from the KFPS data base\*

Hair samples enclosed\*

\* Please tick where appropriate

Name horse: .....

Registration number: .....

### Non-recurrent authorisation countries receive an invoice

### SEPA (only for Europe), other

Name: Koninklijke Vereniging "Het Friesch Paarden-Stamboek"  
 Address : Oprijlaan 1  
 Postal code : 9205 BZ City: Drachten  
 Country: The Netherlands Collecting agent ID: NL43ZZZ400012060000  
 References authorisation: *(Your member number + invoice number)*

By signing this document you authorise the Koninklijke Vereniging "Het Friesch Paarden-Stamboek" to send a non-recurrent direct debit invoice to your bank and you authorise your bank to process a non-recurrent direct debit as commissioned by the Koninklijke Vereniging "Het Friesch Paarden-Stamboek", for the purpose of DNA testing.

If you object to this direct debit you can order reverse payment. For this purpose please get in touch with your bank within eight weeks of the date of debiting. Please ask your bank for further details on conditions.

Name: .....Member number.....

Address : .....

Postal code: ..... City: .....

Bank account number (IBAN): .....

Place and date: .....

Signature :

*If the authorisation proves to be uncollectable an administration fee will be payable.*

The fully completed document with the inclusion of hair samples can be sent to KFPS, to the attention of Eveline van Kooten, Postbus 624, 9200 AP Drachten, the Netherlands or e-mail to [evelinevankooten@kfps.nl](mailto:evelinevankooten@kfps.nl)