



IRISH THOROUGHBRED  
MARKETING

### INWARD BUYER PROGRAMME CLAIM FORM

**Full Name**

**Company**

**Address**

**Postcode**  **Country**

**Mobile No**    
Country Code

**Email**

**Client Type**  Owner  Breeder  Bloodstock Agent  Trainer  Other \_\_\_\_\_  
 FLAT  NATIONAL HUNT  DUAL

**Lot(s) Purchased**  **Total Cost (€)**

**Purchasing Agent**

**Desination of Horse(s)**

**Payment Options**  **A - Bank Transfer**  **B - Pay A/C on file with HRI**  
(Please tick one) *NB. For Bank Transfers, bank details must be provided on a bank statement header*  
 **C - Pay A/C on file with Sale Co. against Primary Lot No.**   
**Payee Name:**

*We require your personal details as set out above for client identity verification, subsequent client management and communication from ITM. Your personal details will only be shared with relevant parties and Horse Racing Ireland in relation to this purchase. This consent is required to facilitate your IBP claim. Please visit [www.itm.ie](http://www.itm.ie) for our Privacy Notice. All sections must be completed in order to receive payment. A copy of the terms and conditions are available on request. Claim forms and supporting documents must be received within **90 days** of the sale date in question.*

**Signature** \_\_\_\_\_  
Claimant Date

**For Office Use Only**  
Amount (€) \_\_\_\_\_ Authorised By \_\_\_\_\_ Date \_\_\_\_\_