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APPLICATION FORM FOR COVERING A MARE

COMPLETE THE FORM BELOW WITH CAPITAL LETTERS
AND RETURN THE DOCUMENT TO THE FOLLOWING ADDRESS: sekretariat@stadninakrasne.com.pl.
PROVIDE THE MARE'S NAME IN THE E-MAIL SUBJECT.

I ORDER COVERING BY THE FOLLOWING STALLION:			
CONTRACT DETAILS:			
Forename and last name/Company name:			
Address:			
PESEL ¹ /NIP ² :			
Email:			
Contact phone:			
MARE'S OWNER'S DETAILS (if different than above):			
Forename and last name/Company name:			
Address:			
Email:			
Contact phone:			
MARE'S DETAILS:			
Mare's name:			
Breed:		Colour:	
Date of birth:			
Type of register book:			
MARE'S PEDIGREE:			
Father's name:		Mother's name:	
Father's name:		Father's name:	
Mother's name:		Mother's name:	
Signature of the Ordering Party:			

¹ The acronym denotes *general electronic system of personal identification* [translator's footnote].

² The acronym denotes *tax identification number* [translator's footnote].