

## **POWER OF ATTORNEY - STALLION SELECTIONS**

Principal		
Name		Date of birth/Business identity code
Street address	Zip code and city	Phone number
Country		
Attorney-in-fact (age	nt)	
Name		Date of birth/Business identity code
Street address	Zip code and city	Phone number
Country	I	I
Validity period		
This Power of Attorney is val	id untilDate	further notice
Power of Attorney		
The undersigned principal giv stallion(s) for stallion selection	ons carried out by Svensk Travsport, to receive	in my/the company's name, register the following ive documents and call for action regarding the n Svensk Travsport regarding the procedure for
stamon selections:		
Signature and declar	ation	
		g selections means and that I am familiar with the for Svensk Travsport and applicable parts of Swedish
Place and date		
Signature	Print na	me

The Swedish Trotting Association's handling of personal data is described at www.travsport.se/integritetspolicy.