

Applicant			
Date of application		Breeding name requested	
Name of applicant			Applicant's ID nr.
Address	Poste code	City	Phone
Name of applicant			Applicant's ID nr.
Address	Post code	City	Phone

Is the name a registered trademark belonging to the applicant/s ?

Yes

No

Place	Signature of applicant
Place	Signature of applicant

Completed by Ráðgjafarmiðstöð landbúnaðarins – Processing

Date	Signature of Horse breeding advisor

Með leyfi Bændasamtaka Íslands

Accepted

Rejected