

## Sale Participation Agreement Form

For the \_\_\_\_\_ Hokkaido \_\_\_\_\_ Sale  
(year) (Sale Name)

To: Sale Director, Hokkaido Sales

I confirm that I wish to purchase horses consigned at the sale indicated above conducted by the Hidaka Breeders Association and hereby agree to the following:

1. I hereby apply to register as a buyer at said sale and will follow the terms of the Conditions of Sale and this Agreement Form.
2. If this is my first time to participate in the Hokkaido Sales, I have provided below a certifier approved by the Hidaka Breeders Association, along with said certifier's signature (or seal).
3. If I or my authorized agent makes a successful bid for a horse in the sale, I understand that the purchase transaction for the horse will be deemed completed at such time, and the terms of such transaction will be in accordance with the Agreement of Purchase and Sale as included in the official sales catalogue.
4. The Sale Holder will purchase a "Hokkaido Sale Bridge Insurance" policy (as described in Article 23 and Appendix 3 of the Conditions of Sale) for all horses bought at the Sale, which will insure against the death or loss of racing ability of the purchased horse resulting from any accidents which occur during the initial complimentary boarding period described in Article 22 Paragraph 3 of the Conditions of Sale.
5. In the event an accident covered by the insurance policy occurs, the Sale Holder will receive the insurance payment.
6. The transaction price of the horse as described in Article 21 of the Conditions of Sale shall be paid to the Sale Holder regardless of whether an insurance payment based on the policy stipulated in Article 23 of the Conditions of Sale is made or not.
7. In the event an insurance payment is made, it will first be received by the Sale Holder, who will then send the payment to the successful bidder of the horse.

### ◆ Registering Buyer

Date: \_\_\_\_\_

Please circle one: I am a(n) Individual Non-Individual (Corporation)

Name of Buyer (Please Print in Block Capitals) \_\_\_\_\_

Name of Representative (if not individual) \_\_\_\_\_

(If Racehorse Owner)

Affiliated Owners' Association \_\_\_\_\_ Owner License No. \_\_\_\_\_

(If Trainer)

Affiliated Trainers' Association \_\_\_\_\_ Trainer License No. \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please Note: The name of the buyer will be registered as declared in this section and will be announced as such in the event of a successful bid. Once the sale starts, buyers will not be able to change their registered name or have a different name announced as the successful bidder.

◆ For Purchase by Authorized Agents

The party named below has been appointed to act as buyer's authorized agent and participate in the above mentioned sale and make purchases on buyer's behalf in accordance with the Conditions of Sale and the terms of this Agreement Form. The buyer agrees to be responsible for the payment of all purchased horses and all matters arising from any action of the agent relating to the purchase of consigned horses.

Please circle one: The agent is a(n) Individual Non-Individual (Corporation)

Name of Agent (Please print in block capitals) \_\_\_\_\_

Name of Representative (if not individual) \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*To be attached: Agent Authorization Form and (when applicable) Certificate of Seal

Please also complete:

◆ Certifier (For first-time buyers at the Hokkaido Sales)

The party named as certifier below agrees to the Conditions of Sale and the terms of this Agreement Form and will jointly guarantee with the above registered buyer the performance of all matters relating to the purchase of consigned horses at the above mentioned sale.

Date: \_\_\_\_\_

Please circle one: The certifier is a(n) Individual Non-Individual (Corporation)

Name of Certifier \_\_\_\_\_

Name of Representative (if not individual) \_\_\_\_\_

(If Racehorse Owner)

Affiliated Owners' Association \_\_\_\_\_ Owner License No. \_\_\_\_\_

(If Trainer)

Affiliated Trainers' Association \_\_\_\_\_ Trainer License No. \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Personal Information provided on this sheet will be used to provide services based on conditions of buyer registration and purchase transactions, to inform involved or affiliated organizations as necessary for conducting business operations, to send invoices and settle accounts for purchases and other fees and to distribute information on products or services provided by the Sale Holder.

Any party requesting to view, revise, stop the use of or erase personal information held by the Sale Holder may be required to go through necessary procedures for identification.

\*(For Use by Sale Holder)

Registration	Purchases	Confirmation	Comments

Registration No.
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