SWORN AFIDAVIT TO NOT TO BE INVOLVED IN ANY DISQUALIFICATION PROCESS

Mr./Ms	, of age, with
ID/Passport Number in the na	ame of and representing the stud farm
	, in my own name and representation
by means of this statement	
CERTIFY	
That I am not involved in // That the stud far	m I represent is not involved in any
conflict of interest, disqualification, legal pro-	cesses or banned from being elected and
to therefore occupy a post as a member of th	ne Executive Board of the National
Purebred Spanish Horse Breeders' Associatio	n (ANCCE), or any other post of
responsibility as foreseen in the Statutes.	
Likewise, I state that I meet all of the require	ments specified in Article 65.2 of the
Association Statutes, to be eligible for election	n, especially regarding being in good
standing as a member.	
I hereby certify for my participation in the ele	ection process.
In the municipality of, 2018.	, on the Day of the Month of
Signature:	Signature:
(The member)	(His/Her representative)