Policy for Reimbursement of Cost of Clinics Taken by Overseas Members

(April 23, 2021 Revision)

1. It is the CIEF's desire to support the further development of its Members who live outside of the Cayman Islands.

2. The CIEF at its Board Meeting of March 27, 2021 agreed to reimburse the cost of up to three (3) clinics up to a maximum of KYD 100 per clinic, taken by Members who live full-time outside of the Cayman Islands.

3. This opportunity is only available to Members in Good Standing, as defined in our Articles of Association;

4. This opportunity is only available to Members who are Caymanian or Permanent Residents of the Cayman Islands.

5. Reimbursable clinics must be taken with a trainer/coach that is not the regular trainer/coach of the Member.

6. Reimbursement will take place following the clinics, and only after submission of a Reimbursement Form (a copy of which is found on page 2 of this policy) along with receipts or other documentation showing the Member's payment for the clinics.

7. Reimbursement will be made in Cayman dollars to a bank account located in the Cayman Islands. If that is not possible, payment will be made at the prevailing exchange rate at the time of reimbursement, less any wire transfers or other fees incurred by the CIEF in making such reimbursement. The CIEF, may, but is not required, to allow reimbursements to be made via other electronic means such as PayPal or Venmo.

Clinic Reimbursement Form

(please print clearly)

Name of Member ___________________________________

Telephone number: ___________________________________

Email Address: ___________________________________

Cayman Bank Name: ___________________________________

Cayman Bank Acct #: ___________________________________

I do not have a Cayman bank account and wish to be reimbursed via _________________________

and my username/account number for this method of payment is _____________________________

Date of Clinic	Horse/Rider Combination	Name Clinician & Location Where Clinic Taken	Total Clinic Cost	Reimburs-able Amount

Currency in which clinic payments were made__________________

I certify that the above listed clinics were taken by me on the dates shown and that the cost noted is the actual cost that I paid. I have attached receipts or other proof of payment for these clinics.

Signature: ________________________________

Print Name: ________________________________

Date: ________________________________

Registered offices: PO Box 200, George Town, Grand Cayman, Cayman Islands KY1-1104 (345) 926-3880