



Department of Natural Resources and Environment Tasmania  
**Office of Racing Integrity**

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**X = SIGNATURE REQUIRED.** To apply a digital signature to this form either:  
(1) Use the "Sign Document" tool OR (2) Select "Fill & Sign" from the menu.

► **Payment Authorisation is on the last page of this form.** [Click here](#) to view Schedule of Fees or visit [nre.tas.gov.au](http://nre.tas.gov.au)

## Application to register a Private Syndicate

**PLEASE NOTE: This application is for 2 – 20 people only.**

Please provide Syndicate Name choices below. These names will be checked against the names of currently registered Syndicates prior to a name being granted. Consideration will also be given to the suitability of the name choice. You should be aware that action may be taken against persons providing syndicate name choices which are deemed to be inappropriate.

### Syndicate name

1ST CHOICE:

2ND CHOICE:

3RD CHOICE:

4TH CHOICE:

**THE OFFICE OF RACING INTEGRITY reserves the right to reject any or all Syndicate Names submitted.**

We hereby apply to the Director of Racing (the "Director") to register a Private Syndicate name for all greyhounds owned or leased by the undersigned in accordance with the Tasmanian Greyhound Rules of Racing (the "Rules"). If such application is granted we agree to use only the said syndicate name for all purposes of the Rules. We are aware that permission to use the Syndicate name may be cancelled or withdrawn by the Director at any time without assigning any reason therefore and without notification to us.

We understand that each member of the proposed Syndicate:

- must be 18 years of age or older;
- must hold a licence with owner privileges or are registered as a Syndicate Member under the Rules before this Application for Registration of a Private Syndicate will be considered;
- must complete and sign this Application, which will allow for registration as a Syndicate Member if the person is not already registered;
- must be a fit and proper person having regard to the information contained in "Fitness & Propriety of Applicants" section of this agreement.
- must duly observe and be bound by the Rules; and
- agrees that the Director accepts no liability or responsibility whatsoever arising from disputes between members of the Private Syndicate. Any disputes between members of a Syndicate is a private matter between members of the Syndicate and the Director will take no part in adjudicating such disputes.

Any change to the composition, termination or dissolution of the Syndicate must be notified to the Office of Racing Integrity ("ORI") as soon as the change occurs on a "Deletion of Syndicate Member" form or "Addition of New Syndicate Member" form (as the case may be). A Syndicate must at all times have no more than twenty (20) members.

The Syndicate hereby nominates a person as Syndicate Manager who must be registered as an Owner, Owner/Attendant, Trainer Public or Owner/Trainer and who is entitled to and shall:

- exercise on behalf of the Syndicate any powers which the Syndicate as Owner of a greyhound may exercise, including without limitation the sole power to nominate a greyhound for, or withdraw a greyhound from, an Event;
- receive any prize monies payable to the Owner in respect of any greyhound raced by the Syndicate, such receipt being deemed to be in complete satisfaction of the liability of a greyhound racing club to pay such prize monies;
- be empowered to sign and execute documents on behalf of the Syndicate, including without limitation documents relating to the change of ownership or naming of the greyhound;
- receive any document or notice required to be served under the Rules on any member of the Syndicate;
- be deemed to be authorised to act for or on behalf of the other Syndicate members unless otherwise provided in the Rules; and
- otherwise act on behalf of the Syndicate in all matters.

The Syndicate shall nominate an Alternate Syndicate Manager who must be registered as an Owner, Owner/Attendant, Trainer Public or Owner/Trainer and who shall be empowered to act as the Manager, in the event that the Manager is unable to exercise any of their powers through absence, illness or other circumstances.

A Syndicate may change its Manager or Alternate Manager from time to time by written notice to ORI by completing another Application for Registration of a Syndicate Form.

# Application to register a Private Syndicate

No greyhound owned by any Syndicate shall be nominated for or be allowed to participate in any event if any member thereof is undergoing a period of disqualification, suspension, warning off or listed as a defaulter (L46B.25(a)).

## Fitness and Propriety of Applicants

All individuals, including registered syndicate members, who hold a share or interest in the ownership of a greyhound are required to notify the Controlling Body if they:

- a) Have been convicted of or have a pending charge against them for any offence involving violence against a person or dishonest or criminal activity in the past 10 years; and/or
- b) Have ever been convicted under the Rules of Greyhound Racing or the rules of any other Racing Authority.

Details of the offence must be submitted in writing prior to an application being lodged. The Controlling Body will make a final determination on the suitability of the applicant becoming a registered syndicate member owner. If an individual neglects or fails to truthfully respond to these questions, this application and any other application concerning the individual may be refused or cancelled or other penalties incurred.

## Details of Private Syndicate members

**⚠ Maximum 20 members – including both Managers. By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.**

### First Syndicate Manager Details: (Must be registered as an Owner, Owner-Attendant or Trainer)

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NAME:	BSB (6 DIGITS):	ACCOUNT NO:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is this Entity GST Registered? (Please read attached details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please enter ABN: (11 Digits)	<input type="text"/>
Signature:	<input type="text" value="X"/>		

### Second Syndicate Manager Details: (Must be registered as an Owner, Owner-Attendant or Trainer)

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NAME:	BSB (6 DIGITS):	ACCOUNT NO:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is this Entity GST Registered? (Please read attached details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please enter ABN: (11 Digits)	<input type="text"/>
Signature:	<input type="text" value="X"/>		

**!** *Maximum 20 members – including both Managers. By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.*

**3rd Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**4th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**5th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**6th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**!** *Maximum 20 members – including both Managers. By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.*

**7th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**8th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**9th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**10th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**!** *Maximum 20 members – including both Managers. By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.*

**11th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text" value="X"/>		

**12th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text" value="X"/>		

**13th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text" value="X"/>		

**14th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text" value="X"/>		

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**15th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**16th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**17th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**18th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**!** *Maximum 20 members – including both Managers. By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.*

**19th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature:

**20th Member Details:**

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.:	MOBILE:	EMAIL:	REGISTRATION NO.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Signature:

**Personal Information Protection Statement**

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

**OFFICE USE ONLY**

DATE RECEIVED:	DATE APPROVED:	APPROVED BY:	ALLOCATED SYNDICATE NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**X = SIGNATURE/S REQUIRED.** To apply a digital signature to this form either:  
(1) Use the "Sign Document" tool  **OR** (2) Select "Fill & Sign" from the menu.

## Payment Authorisation

Please complete and return this page with your completed form.

### 1. Credit Card Authorisation



CREDIT CARD TYPE:  VISA  Mastercard



CARD NUMBER:

EXPIRY DATE:

 / 

CCV:

NAME ON CARD:

CONTACT PHONE NUMBER:

AMOUNT:

CARD HOLDERS SIGNATURE:

X

I agree to NRE – Office of Racing Integrity charging my credit card with the amount shown above.

Please contact me to obtain credit card details once application forms have been submitted and received.

### 2. Other Payment Options

If you are not able to make a payment via a debit or credit card, please contact us to make an alternative arrangement.



**Telephone:** (03) 6777 1900



**Email:** [operations@racingintegrity.tas.gov.au](mailto:operations@racingintegrity.tas.gov.au)



**Mail:** ORI Office, Prospect Government Offices, PO Box 1329, Launceston 7250



**In person:** ORI Office, Prospect Government Offices, 171 Westbury Road, Prospect, Tasmania 7250.