

APPLICATION TO REGISTER A THOROUGHBRED SYNDICATE (COMPANY FIRM OR STUD)

COMPANY:

Name of Companyhereby applies for approval under the Rules of Racing to race horses as a Syndicate

Under the Name:

Office Address:

Postal Address:

NOTE FOR COMPANY APPLICATION:

This form **must** be accompanied by a copy of the **CONSTITUTION** or **CERTIFICATE OF INCORPORATION** and the prescribed fee. The Syndicate must be renewed annually. It is the responsibility of the Registered Manager to advise the Office of Racing Integrity (ORI) of each horse part/owned/leased by this Company and supply the appropriate form and fee.

FIRM OR STUD:

Name of Firm or Studhereby applies for approval under the Rules of Racing to race horses as a Syndicate.

If Stud please state the number of mares returned in the last breeding season to the Australian Stud Book

NOTE FOR FIRM APPLICATION:

This form **must** be accompanied by a copy of the **BUSINESS NAME REGISTRATION** and the prescribed fee. The Syndicate must be renewed annually. It is the responsibility of the Registered Manager to advise ORI of each horse part/owned/leased by this Company and supply the appropriate form and fee.

The **Registered Manager** of the Syndicate is

Representatives/...../.....

Details of any other application for, or registration of, this Syndicate with any other Racing Authority

Please circle: Bankcard / Visa / Mastercard

Card Number: - - - - / - - - - / - - - - / - - - -

Expiry Date: - - / - - Amount \$ _____ CVN: _____

Cardholder's Name: _____

Signature of Cardholder: _____

Cheques are payable to : Office of Racing Integrity

PLEASE RETURN TO THE BELOW ADDRESS:

Postal address: PO Box 1329, Launceston 7250
Telephone: (03) 6777 1900 Fax: (03) 6777 5148
Email: registrar@racingintegrity.tas.gov.au
Website: www.racingintegrity.tas.gov.au

Amount: _____

Cash / Cheque / Money Order / Credit Card

Date Received:

Registration Officer:.....

ALL DIRECTORS AND OFFICERS (Company) / MEMBERS (Firm or Stud) OF THE SYNDICATE must complete their details below

By signing this Application you are acknowledging you have read and understand both the Standard Syndicate Agreement and the Rules of Racing.
Please ensure you have read the Personal Information, Privacy Statement and GST declaration prior to signing this form.

MAXIMUM 20 MEMBERS – INCLUDING THE MANAGER AND REPRESENTATIVES

SYNDICATE MANAGER DETAILS:

| | | | | | | | | | | | | | |
|--|----------|----------|-------------------------------------|----------------|-----------------|-----------|---|---------------|--------------|---|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | Postcode: | | | Shares Held: | | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |
| Account Name: | | | | | | | | | | | | | |
| BSB: (6 Digits): | | | | | Account Number: | | | | | | | | |
| Is this Entity GST Registered? (Please read attached details) | YES / NO | | If YES please enter ABN (11 Digits) | | | | | | | | | | |
| | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|-----------|---|---------------|--------------|---|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | Postcode: | | | Shares Held: | | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|-----------|---|---------------|--------------|---|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | Postcode: | | | Shares Held: | | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |

ALL DIRECTORS AND OFFICERS (Company) / MEMBERS (Firm or Stud) OF THE SYNDICATE must complete their details below

By signing this Application you are acknowledging you have read and understand the Standard Syndicate Terms and Conditions and are bound by the Australian Rules of Racing. Please ensure you have read the Personal Information, Privacy Statement and GST Declaration prior to signing this form.

MAXIMUM 20 MEMBERS – INCLUDING THE MANAGER AND REPRESENTATIVES

MEMBER DETAILS:

| | | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|---|---------------|---|---|-------------------|-----------|--|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | | |
| Given Names: | | | | | | | | Phone Number: | | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | | |
| Suburb: | | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | | |
| Occupation: | | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|---|---------------|---|---|-------------------|-----------|--|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | | |
| Given Names: | | | | | | | | Phone Number: | | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | | |
| Suburb: | | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | | |
| Occupation: | | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|---|---------------|---|---|-------------------|-----------|--|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | | |
| Given Names: | | | | | | | | Phone Number: | | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | | |
| Suburb: | | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | | |
| Occupation: | | | | | | | | | | | | | | |

ALL DIRECTORS AND OFFICERS (Company) / MEMBERS (Firm or Stud) OF THE SYNDICATE must complete their details below

By signing this Application you are acknowledging you have read and understand the Standard Syndicate Terms and Conditions and are bound by the Australian Rules of Racing. Please ensure you have read the Personal Information, Privacy Statement and GST Declaration prior to signing this form.

MAXIMUM 20 MEMBERS – INCLUDING THE MANAGER AND REPRESENTATIVES

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|-----------|---------------|---|-------------------|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|-----------|---------------|---|-------------------|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|-----------------|--|----------|--|----------------|---|---|-----------|---------------|---|-------------------|---|-----------|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | | | | | | SIGNATURE | |
| Occupation: | | | | | | | | | | | | | |

ALL DIRECTORS AND OFFICERS (Company) / MEMBERS (Firm or Stud) OF THE SYNDICATE must complete their details below

By signing this Application you are acknowledging you have read and understand the Standard Syndicate Terms and Conditions and are bound by the Australian Rules of Racing. Please ensure you have read the Personal Information, Privacy Statement and GST Declaration prior to signing this form.

MAXIMUM 20 MEMBERS – INCLUDING THE MANAGER AND REPRESENTATIVES

MEMBER DETAILS:

| | | | | | | | | | | | | | |
|------------------------|--|-----------------|--|-----------------------|---|---|----------------------|---|---|--------------------------|---|---|--|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y | |
| Given Names: | | | | | | | Phone Number: | | | | | | |
| Postal Address: | | | | | | | Mobile Phone: | | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | | |
| Email Address: | | | | | | | SIGNATURE | | | | | | |
| Occupation: | | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | |
|------------------------|--|-----------------|--|-----------------------|---|---|----------------------|---|---|--------------------------|---|---|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y |
| Given Names: | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | |
| Email Address: | | | | | | | SIGNATURE | | | | | |
| Occupation: | | | | | | | | | | | | |

MEMBER DETAILS:

| | | | | | | | | | | | | |
|------------------------|--|-----------------|--|-----------------------|---|---|----------------------|---|---|--------------------------|---|---|
| Title: | | Surname: | | Date of Birth: | D | D | M | M | Y | Y | Y | Y |
| Given Names: | | | | | | | Phone Number: | | | | | |
| Postal Address: | | | | | | | Mobile Phone: | | | | | |
| Suburb: | | | | | | | Postcode: | | | Share Percentage: | | |
| Email Address: | | | | | | | SIGNATURE | | | | | |
| Occupation: | | | | | | | | | | | | |

PERSONAL INFORMATION

To assist in making ownership determinations, the Registrar must assess the fitness and propriety of each applicant. This assessment requires the collection of sensitive information. In order to protect each individual's privacy certain necessary information has not been requested on the application form, however, all applicants must read the following questions.

1. In the past 10 years, have you been convicted of, or is there a pending charge against you, for any offence involving:
 - (a) An indictable criminal offence or violence against a person or dishonest activity; or
 - (b) Offence under any animal welfare or prevention or cruelty to animals legislation; or
 - (c) An undischarged bankrupt or taking advantage of the laws relating to bankruptcy.
2. Have you ever been convicted under the Australian Rules of Racing or rules of any racing authority?

If any applicant should answer "yes" to any of these questions, the applicant must notify the Registrar in writing prior to the lodgment of the application. Such notification must include full details of the conduct in question. The Registrar will advise in writing within seven days of having received such notification. That advice should be retained by the applicant as evidence that the appropriate notification has been made. You are advised that should it be established that an individual has neglected or failed to truthfully respond to questions 1(a), 1(b), 1(c) or 2, this application and any other application concerning the individual may be refused or cancelled at any time. If the notification has previously been advised to the Registrar, there is no need to do so again.

The Committee of any Club or the Stewards may punish any person who makes any false or misleading statement or declaration in respect of any matter in connection with the administration or control of racing under AR229(1)(h). Inaccuracies or omissions may also lead to penalties and refusal or cancellation of the Registration of this horse (AR31).

PRIVACY

The Registrar of Racehorses collects information about you when you submit this application to register a racehorse. The Registrar will use that information to assess your application and if approved, your ongoing status as an owner. To do that, the Registrar may disclose your information to other racing bodies. On occasion, the Registrar may disclose names and contact details to racing organizations including race clubs and owners or breeders associations. However, this information will only be disclosed when the Registrar is of the opinion that such communication may be of interest or benefit to you. If you do want to receive such communication, you may advise the Registrar of that fact at any time. You can gain access to and request changes be made to your information held by the Registrar at any time. You do not have to supply the information requested, but if the information is not provided the Registrar may refuse to accept your application.

OWNER GST / EFT DECLARATION

1. If your horse interests are registered under GST Legislation, you are required to provide the applicable ABN so that prize money payments can be grossed up with the GST portion. Each person or entity that is GST registered should nominate the applicable ABN.
2. In the case of Syndicate members who are GST registered, GST details cannot be specified – the **Syndicate** must be registered for GST.
3. If the Syndicate Manager provides bank account details, prize money payments can be made direct to the nominated bank account.

Where the owner is GST registered, the following agreement is given:

- The recipient may issue tax invoices in respect of the specified supplies.
- The supplier will not issue tax invoices in respect of those supplies.
- The supplier acknowledges that it is registered when it enters into the agreement & that it will notify the recipient if it ceases to be registered.
- The recipient acknowledges that it is registered when it enters into the agreement & that it will notify the supplier if it ceases to be registered.

HOW TO PAY



Please call the above number to pay your account by credit card



Please complete the details below then detach the slip and return it with your completed form

Cheque or Money Order

Please attach and forward with your completed form

Cash

In person at the ORI office at Prospect

Please do not send cash in the mail

DETACH AND RETURN WITH YOUR COMPLETED PAPERWORK



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

CREDIT CARD AUTHORISATION

Credit Card Type: VISA Mastercard

Card Number:

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiry Date: _____ / _____

CCV: _____

Name on Card: _____ Amount \$ _____

Card Holders Signature: _____

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

Contact Phone number: _____