



FEE \$115.00 GST Incl GST No. 10-386-896
Fee Paid:

SR 19: 06-09

NAME REGISTRATION APPLICATION

(Under Rules 402, 405-414 of the Rules of Racing)

Important: Forms must be received at least 3 business days prior to trial/race nominations closing.

PLEASE FOLLOW STEPS 1 – 10 TO COMPLETE FORM CORRECTLY. PLEASE NOTE INCORRECT FORMS ARE SUBJECT TO PROCESSING DELAYS

1. PROPOSED NAME OF HORSE (Maximum of 18 Characters)

Option 1																	
Option 2																	
Option 3																	
Option 4																	

2. HORSE DETAILS

Sire:	Colour: Bay <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Chestnut <input type="checkbox"/> Grey <input type="checkbox"/> Other: _____
Dam:	Sex: Colt <input type="checkbox"/> Filly <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/>
Age: (State foaling date if known)	Gelding Date: (If known) _____

3. IDENTIFY HORSE (All brands to be completed clearly)

Near Shoulder (LEFT) Cipher Brand	Off Shoulder (RIGHT) Numerical Brand
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4. DECLARATION

By signing and submitting this form to NZTR I/we certify we have read the form and that all of the information, including the horse identification by physical inspection of the horse, I/we have set out on this form is true and correct, and I/we acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me/us being prosecuted under the Rules of Racing or otherwise. I/we confirm with the requirements listed therein and that we are:

(a) Eligible to enter on a racecourse; (b) Eligible under the Rules of Racing to have an interest in or to enter or start such horse in any race.

I/we, as the Owner(s) of the thoroughbred acknowledge and agree that the Register of registered horses and Owners kept by NZTR is prima facie evidence of the registered Owner(s) of the applicable horse in accordance with the Rules of Racing, and does not constitute nor determine proof of sole or joint ownership of such horse.

I/we authorise NZTR to use the information collected from me/us for any purpose which, in accordance with its privacy policy, it may in its discretion think appropriate.

5. ACCOUNT & STAKES DETAILS

Person to whom accounts and payments are to be sent:

Name: _____ Address: _____

Phone: _____ Email: _____

If stakes are to be direct credited state Bank Account Number:

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If stakes are to be paid by cheque please state NAME of bank account to be made out to: _____

Unpaid Accounts will incur late payment fees and collection costs

6. PAYMENT DETAILS

I would like to pay by Bank Deposit: Date Deposited: _____

New Zealand Thoroughbred Racing Inc - Bank Account Number 01-0517-0063944-00. (Please use your name & form type as reference)

Please charge my: Mastercard Visa Amex Diners Club

Card No:

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 Expiry Date:

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Cardholder's Name: _____ Signature: _____

My Cheque is enclosed for \$ _____ (Payable to New Zealand Thoroughbred Racing)

When the fee is paid this form constitutes a GST tax invoice. If a payment forms part of a taxable activity within the GST Act a copy should be retained for your records.

HORSE DETAILS (as identified on page 1 of this Registration form)

Name: _____ Dam: _____ Sire: _____

7. RACING MANAGER DETAILS Rule 406 (a) (iv) & 425- Must be completed if two or more persons own a horse (e.g: 2 or 3 person syndicate) or where the horse is owned by a legal entity (e.g: Company).

Racing Manager Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

8. OWNERSHIP DETAILS- (Must be completed by ALL persons that have a legal or beneficial ownership interest in the horse.(E.g: every person in a syndicate or partnership). If any of the person(s) who owns the horse is a legal entity (e.g, a company) please complete form SR13 specifying all shareholders, directors (add additional page SR20B if required)

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Are you GST Registered for RACING? NO YES GST Number _____ Do you want to exclude this horse from GST Registration NO YES

Name: _____ Signature: _____

Address: _____ Phone: _____

Email: _____ % Owned: _____ Date of Birth: _____

Name:		Signature:
Address:		Phone:
Email:	% Owned:	Date of Birth:
Are you GST Registered for <u>RACING</u> ? NO <input type="checkbox"/> YES <input type="checkbox"/> GST Number _____ Do you want to exclude this horse from GST Registration NO <input type="checkbox"/> YES <input type="checkbox"/>		

9 . RACEBOOK NAME –(no more than 10 names) As per RULE 424 (1) and (2)

Please state the name(s) which is/are to appear as owner(s) in publications and other media forms. For the avoidance of doubt, an ownership name may include the term "syndicate" "partnership", or "trust", etc if the owners wish to use that term to describe their relationship or the nature of their ownership interest in the horse. E.g, the Racebook name for owners could be ABC Syndicate, ABC Partnership, or it could be Abe Smith, Bob Smith & Carl Smith.

IMPORTANT: Is this a syndicate? NO YES If yes are you GST registered for racing? ? NO YES If yes GST number _____

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2.
3.
4.
5.
6.
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9.
10.

PRIVACY ACT 1993

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at PO Box 38-386, Wellington Mail Centre. It is being collected for the purpose of processing the matter the subject of this form. You agree that the personal information supplied by you may be retained by NZTR and disclosed to and retained by third parties for the purpose of processing relevant forms, direct marketing or providing you with information on events, products and services. NZTR will not use or disclose your personal information in any way, other than that disclosed in this policy or with your prior consent. If you do not provide the requested information then NZTR may not be able to process the matters the subject of this form. That may result in a breach of the Rules of Racing. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to update or correct that information. You may also request to be removed from the NZTR database for the purpose direct marketing and providing you with information on events, products and services by notifying NZTR by email or by letter to the above address. If you do **not** wish your information to be retained in our database, or disclosed and retained by third parties for the purpose of providing you with information on events, products and services, then please tick the box below.

10. PLEASE SHOW NAME AND ADDRESS OF PERSON TO WHOM THE CERTIFICATE WILL BE SENT ONCE REGISTERED

Name: _____	Address: _____

An incomplete form is subject to a processing delay:

Have you:

- Enclosed the correct fee
- Completed brands
- Enclosed a Notice of Change Of Ownership or Registration of Particulars of a lease, if so required