

AUTHORISED SYNDICATOR STATUS APPLICATION FORM

This application is intended for those who, in accordance with the FINANCIAL MARKETS CONDUCT ACT (BLOODSTOCK) EXEMPTION NOTICE 2015, and Bloodstock Syndication Code of Practice (Appendix 2 to the Rules of Racing), are planning to publically advertise shares in Thoroughbreds.

INDIVIDUAL / COMPANY

If you are applying as a company please use section 1 to provide details of each Director

1. Individual **Director Details** (Tick the one that applies)

Full Name:

Date of Birth:

Place of Birth:

Residential Address:

Postal Address (If different):

Phone:

Email:

2. Company Details

Companies Office Certificate, Company Extract, and Registered Constitution must accompany this application

Company Name:

Company Number:

Website (If any):

Phone:

Email:

3. All Previous Trading Names

Have you previously offered Shares in Bloodstock Syndicates or Bloodstock Companies to the public? YES / NO

If yes, set out all trading names under which you have done so:

4. Individual / Company Director Criminal Conviction History

Have you, or the any of the directors of the company, been convicted of any offence against the laws of New Zealand or any other country, or do you have any charges pending?

Full Name YES / NO

Full Name YES / NO

Full Name YES / NO

A current Criminal Conviction History must accompany this application form for each person listed. To obtain a copy of your Criminal Conviction History please visit www.justice.govt.nz

5. Knowledge and Experience

Current Occupation of Applicant:

Will you be promoting and managing horses in association with your current occupation? YES / NO

Describe the experience that you or the company has in managing syndicates or racehorses.

Please attach further information if required.

6. Applicant Referees

Please attach written references for the following: Attached

- Financial Reference YES / NO
- Character Reference YES / NO

7. Information in relation to the syndication of thoroughbred bloodstock

Will you have day to day input into the running of the syndicate? YES / NO

Do you intend to employ staff to assist you in the promotion of the horses and day to day running of each syndicate?
 YES / NO

If yes, please provide their details below:

Full Name: DOB:

Title/Description:

Full Name: DOB:

Title/Description:

Will you be promoting shares less than 5% per member, or syndicates with more than 20 members? YES / NO

Will each syndicate have a bank account established as per section 6.2 or the COP? YES / NO

Bank where accounts will be held:

Accountants (if applicable):

Auditors (if applicable):

Solicitors (if applicable):

Do you intend to use multiple trainers? YES / NO

Who do you envisage will train the horses?

Name the Vet/s you intend to use:

Name the registered Valuers you intend to use: a) b)

8. Declarations Please circle YES or NO

I/We fully understand and will comply with the NZTR Rules of Racing. YES / NO

I/We fully understand and will comply with the Code of Practice administered by NZTR. YES / NO

I/We am aware of the disclosure requirements contained in the Code of Practice. YES / NO

I/We am aware of the powers of NZTR should there be a breach of the Code of Practice,
or Rule 432 of the Rules of Racing. YES / NO

9. Credit Checking and Privacy Act 1993

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. 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 the matter the subject of this form

You also agree that the personal information supplied by you in this form or during your registration with NZTR may be used for the purposes of credit checks with a credit reporting agencies.

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.

10. Declaration

- a) By signing and submitting this application form to New Zealand Thoroughbred Racing Inc (NZTR) I confirm I have read this form and all of the information that I have provided to NZTR in this form is true and correct in every particular.
- b) In the event that the information I have provided in this application form is false or misleading in any particular, I understand that NZTR may revoke my Authorised Syndicator status if granted and I acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me being prosecuted under the NZTR Rules of Racing or otherwise.
- c) I am not subject to any disciplinary action initiated by any other Racing Authority in New Zealand or overseas and I will immediately inform NZTR should any other Racing Authority in New Zealand or overseas initiate disciplinary action against me.
- d) I authorise NZTR to disclose information provided by me in this application form to:
 - All Racing Authorities in New Zealand and overseas;
 - The persons specified in this application form;
 - Government Departments and regulatory authorities;
 - Persons currently unknown, for the purpose of complying with statutory obligations requiring NZTR to disclose information.
- e) I consent to other Racing Authorities in New Zealand and overseas disclosing any information that may be requested at any time by NZTR.
- f) I have attached a copy of my current Criminal Conviction History. I understand that any record of criminal convictions I might have will be automatically concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

- NB:**
- (1) To be signed by a Director/Directors where applicant is a company.
 - (2) Cheque for fees applicable to an Application for Authorised Syndicator Status must be enclosed with this application.
 - (3) Retain a copy of this application for your records.
 - (4) This will be your GST tax invoice. NZTR GST number is 010-386-896

Fees:

Regular \$575.00 Including GST

If applicant is licensed by NZTR as a Class A Trainer, the fee is \$345.00 (GST Incl.)

Payable by Cheque / Cash / Bank Deposit
New Zealand Thoroughbred Racing Inc – Bank Account Number 01-0517-0063944-00

Full Name:

Full Name:

Signature:

Signature:

Date:

Date:

COMPLIANCE AGREEMENT

[Redacted]
(Full Name and Trading Name)

of

[Redacted]
(Business Address)

("the Promoter") in consideration of the Promoter [being granted/having] Authorised Syndicator Status under the Code of Practice being Appendix Two to the New Zealand Rules of Racing (which sets forth the procedures for the offer of shares in thoroughbred bloodstock or bloodstock companies pursuant to the Securities Act (Bloodstock) Exemption Notice 2002 which but for the said Notice would require disclosure pursuant to the Financial Markets Conduct Act 2013) HEREBY CONFIRMS that the said Code of Practice has been read and understood by the Promoter (or its directors) and AGREES with New Zealand Thoroughbred Racing Inc. ("NZTR") to comply with and to be bound by the New Zealand Rules of Racing and all the provisions and requirements of the Code of Practice as amended from time to time and without limiting the generality of the forgoing:

- (a) to pay all fees required under the New Zealand Rules of Racing including the Code of Practice and to observe and comply with all penalties imposed under the New Zealand Rules of Racing;
- (b) to supply all information required under the New Zealand Rules of Racing including the Code of Practice;
- (c) to observe and comply with all lawful directions given by or on behalf of the Chief Executive of NZTR concerning the Code of Practice.

The Promoter acknowledges that in accordance with the Code of Practice the Board of NZTR may suspend or cancel the Authorised Syndicator status of the Promoter under the Code of Practice.

DATED this [Redacted] day of [Redacted] 20 [Redacted]

SIGNED by the above named Promoter:

Promoter:

[Redacted]

Or if a company:

SIGNED on behalf of the above named company by its Directors:

Director:

[Redacted]

Director:

[Redacted]

[Execution by a sole director must be witnessed]

SIGNED in the presence of the Witness below:

Signature:

[Redacted]

Witness Name:

[Redacted]