

DISPUTE NOTICE FORM

(Part XV - Rules of Racing)

To be lodged with NZTR – A completed copy of this form must also be given to the Trainer		
Horse Description		
Horse Name		Year of Birth
Microchip Number		
Trainer Details		
Date of Birth (dd/mm/yyyy)		If other, please spec
Mı	Mrs Miss Ms	Other
Surname		
Given Names		
Postal Address		Post Code
E-Mail	Mobile	Daytime Phone
Owner Details		
Date of Birth (dd/mm/yyyy)		If other, please spec
Mı	Mrs Miss Ms	Other
Surname		
Given Names		
Postal Address		Post Code
E-Mail	Mobile	Daytime Phone

Disputed Invoice #1. (Attach disputed inv	oices to this form together with any supporting documentation on which you intend to rely)
Full Invoice or Part Invoice Date of Invoice (dd/mm/yyyy)	For an invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer. Brief description of nature of dispute
Date Invoice Received (dd/mm/yyyy) (if different from date of invoice)	
By signing this application, I agree that the Information provided above is true and correct	If you require more space, please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached. Signature Date
Disputed Invoice #2. (Attach disputed inv	oices to this form together with any supporting documentation on which you intend to rely)
Full Invoice or Part Invoice Date of Invoice (dd/mm/yyyy)	For an invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer. Brief description of nature of dispute
Date Invoice Received (dd/mm/yyyy) (if different from date of invoice)	
By signing this application, I agree that the Information provided above is true and correct	If you require more space, please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached. Signature Date
Disputed Invoice #3. (Attach disputed invoice)	oices to this form together with any supporting documentation on which you intend to rely)
Full Invoice or Part Invoice Date of Invoice (dd/mm/yyyy)	For an invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer. Brief description of nature of dispute
Date Invoice Received (dd/mm/yyyy) (if different from date of invoice)	
By signing this application, I agree that the Information provided above is true and correct	If you require more space, please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached. Signature Date