

NEW ZEALAND THOROUGHBRED RACING INC

PO Box 38386, Wellington Mail Centre | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866 Web: www.nzracing.co.nz | Email: registration@nzracing.co.nz FEE \$120.00 GST Incl GST No. 10-386-896

SR19: 08-17

NAME REGISTRATION APPLICATION

(In accordance with Rule 402, 405-414 of the N Z Rules of Racing)

FORM MUST BE RECEIVED AT LEAST 3 BUSINESS DAYS PRIOR TO NOMINATONS CLOSING

PLEASE FOLLOW STEPS 1 - 9 TO COMPLETE FORM CORRECTLY. PLEASE NOTE INCORRECT FORMS ARE SUBJECT TO PROCESSING DELAYS

1. PROPOSED NAME (Maximum of 18 Chara	acters)							
Option 1								
Option 2								
Option 3								
Option 4								
2. HORSE DETAILS								
Sire: Dam:								
Age:	Sex: Colt Filly Mare Gelding Gelding date if known:	Colour: Bay ☐ Black ☐ Brown ☐ Chestnut ☐ Grey ☐ Other:						
3. IDENTIFY HORSE (All brands to be comp	leted clearly)							
Near Shoulder (LEFT) Cipher Bran	•	Shoulder (RIGHT) Numerical Brand						
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 DAVMENT DETAIL 0								
5. PAYMENT DETAILS								
. , , , , , , , , , , , , , , , , , , ,	osited: Reference U							
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:		Expiry: /						
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.								
OFFICE Date: USE Received:	Amount Paid: \$	Payment Coding:						

Horse Name:		Sire:							Dam:						
6. RACING MANAGER															
Must be completed by the owner of the (e.g. Company). Details of the legal end				ager if	f two or	more pe	ersons	own th	e horse (or whe	ere the	horse i	s owne	ed by a l	egal entity
Is there a current Racing Manager regis	here a current Racing Manager registered with NZTR for this horse? YES □→ Is the racing manager staying the same? If YES -						Sign bottom of this section Confirm racing manager below								
I accept appointment as Racing Manage Rules of Racing, including the provision other purpose which, in accordance with	of NZTR Owners S	Settlement Accou	unts. I aut	thorise	NZTR to										
Title: First Name(s):		Surname:						Date of Birth:							
Postal address:															
Email Address:															
Telephone – Home:					Telep	hone –	Mobile	e:							
Are you GST registered for <u>racing</u> ?		Confirm your	GST nun	nber:			D	o you w	ant to ex	xclude	this h	orse fro	m GS	Γ registr	ation?
YES NO D	If YES →								YES 🗆			NO			
you wish to receive the Settlement According Please advise if there is an email address accountant):	ess to which you w	ould like <u>copies</u>			Owners S	Settleme	nt Acc	ounts fo	r the abo	vemer	ntioned	horse a	ilso to l	be sent t	o (e.g. your
Email for copies of NZTR Owners Set	tlement Accounts	:													
Bank Account Number for direct cred	lit of stakes:		Ш	Ш				\perp							
The Settlement Account can also be ma	naged online via w	ww.nzracing.co.	.nz, email	TROS	SA@nzra	cing.co.	nz for a	access to	this ser	vice.					
as well as interest of 12.5% per annumagency to collect unpaid amounts from the NZTR website www.nzracing.co.nz . Declaration: By signing and submitting that the provision of any false, misleading requirements listed therein and that I amace.	you, you will also be this form to NZTR I	e liable to pay to I certify I have reprint on this	NZTR th	e reaso orm and result	onable c d that all in me be	ollection of the in	costs format secute	it incurs tion I hav	to do so. re set out the Rules	The fu	all NZTF s form in cing or	R Credit s true a otherwi	Policy nd corr se. I co	is availa ect. I ack	ble from
I acknowledge and agree that the Regis accordance with the Rules of Racing, an	nd does not constitu	ıte nor determin	e proof of	f sole o	or joint ov	wnership	of suc	ch horse.							
I authorise NZTR to use the information your information to be disclosed and ret															
Signed:						% Ov (if appli	vned:			%	D	ate:			
7. OWNER DETAILS Must be completed by ALL persons person(s) who owns the horse is a le required).															
Name:									Sig	nature):				
Address:									Pho	one:					
Email:			% Own	ed:					Dat	e of B	irth:				
Are you GST Registered for RACING	? NO□ YES□	GST Number				Do you	want t	to exclu	de this h	orse f	rom GS	T Regi	stratio	n NO □	YES □
Name:									Sig	nature	:				
Address:									Pho	one:					
Email:			% Own	ed:					Dat	e of B	irth:				
Are you GST Registered for RACING	? NO □ YES □	GST Number				Do you	want t	o exclu	de this h	orse f	rom GS	T Regi	stratio	n NO 🗆	YES 🗆

Horse Name: Sire:			Dam:
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 \square YES \square
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:	100		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 🗆

Horse Name:	Sire:	Dam:	
8. RACEBOOK NAME (no more the	han 10 names as per RULE 424 (1) an	d (2))	
term "syndicate" "partnership", or "trust", etc horse. E.g. the racebook name for the own	appear as owner(s) in publications and other to the registered owners wish to use that terr ners could be ABC Syndicate, ABC Partnership	n to describe their relationship or the nat o, or it could be A, B & C Smith.	ure of their ownership interest in the
IMPORTANT: Is this a syndicate? NO □	YES ☐ If yes are you GST registered for racing	g? ? NO □ YES □ If yes GST number:	
1.			
2.			
3.			
4.			
5.			
6.			A 7
7.		- W	
8.	3		17000
9.	1746	San Section 1	
10.			
Colours horse will race in		/	
Registered owner of colours		X //	/
If the colours are not already registered, N	NZTR approval of the design is required – form	SR4	
0 ADDRESS FOR CERTIFICATE	OF DECISTRATION		
9. ADDRESS FOR CERTIFICATE Please state the name and address of the permitted in	OF REGISTRATION erson to whom the Certificate of Registration will be	e sent once the name has been officially regis	stered
Name:			
Address:		() ()	

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 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, then please tick the box below.

AN INCOMPLETE FORM IS SUBJECT TO PROCESSING DELAY - HAVE YOU:

- Included the correct fee
- Completed brands
- Completed the Racing Manager section
- Enclosed a Notice of Change of Ownership or Registration of Particulars of a Lease, if so required