

Applicant Declaration

Please complete the following.

1. Is the Thoroughbred Identification Card being held by another person in lieu of monies owed or for some other reason?

Yes No If yes, please provide details.

2. Please explain in detail how the original Thoroughbred Identification Card was lost / stolen / damaged.

I declare that the information provided above is true and correct. I understand that it is an offence under the Australian Rules of Racing to make a false or misleading statement or declaration in respect of any matter in connection with the administration or control of racing and that any declaration proven to be false or misleading may result in a penalty as prescribed by Stewards.

I further agree to return the original Thoroughbred Identification Card to the Registrar of Racehorses in the event that it is found.

Signature of Applicant

Date / /

Witness to Complete

This application must be witnessed by a qualified person. Qualified persons include: Justices of the Peace, doctors, dentists, pharmacists, police officers, barristers, solicitors, or veterinary surgeons.

I confirm the person who signed above is the same person as described under Applicant Details on this application.

Name of Witness

Occupation

Signature

JP Number (if applicable): _____

Date / /

Office Use Only

Payment Type	Amount	Checked By	Completed By	Horse Name	Registration Number
	\$				<input type="text"/>