



APPLICATION FOR A DUPLICATE HORSE IDENTIFICATION CARD

All fields in the relevant parts of the form are required to complete your application. Where information is not provided your application may be refused and or delayed. Please complete all relevant details using BLOCK letters and black or blue pen.

Horse Details

Horse Name Suffix

If unnamed: Dam Name Year of Birth

Applicant Details (When completing this section you are required to provide ALL the information requested below)

Please indicate which of the following options apply to you.

Managing Owner Managing Lessee Previous Trainer Current Trainer Other

Mr Mrs Miss Ms Other

Surname

Given Names

Daytime Phone Mobile

Email

Mailing Address

Please provide a mailing address for the replacement Card

Full Name

Postal Address Post Code

Payment Options

Payment options include cheque, money order, VISA or MasterCard. Cheques and money orders are payable to Racing Australia. The fee to issue a duplicate set of papers is \$110.00.

Cardholder's Name Card Number (VISA or MasterCard only)

Cardholder's Signature Expiry Amount \$.

CSV

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

Title or Qualification as listed above

Signature

JP Number (if applicable): _____

Date / /

Office Use Only

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