

Office of Racing Integrity

All mail addressed to: PO Box 1329, Launceston 7250
Street Address: Level 2 Henty House, 1 Civic Square, Launceston
Telephone: (03) 6777 1900 Fax: (03) 6777 5148 Email: operations@racingintegrity.tas.gov.au



Office Use...../...../.....

APPLICATION TO REGISTER A SYNDICATE

PLEASE NOTE: This application is for 2 – 20 people only.

Please provide Syndicate Name choices below. These names will be checked against the names of currently registered Syndicates prior to a name being granted. Consideration will also be given to the suitability of the name choice. You should be aware that action may be taken against persons providing syndicate name choices which are deemed to be inappropriate.

SYNDICATE NAME	
1 ST CHOICE:	
2 ND CHOICE:	
3 RD CHOICE:	
4 TH CHOICE:	

THE OFFICE OF RACING INTEGRITY reserves the right to reject any or all Syndicate Names submitted.

We hereby apply to the Director of Racing (the “Director”) to register a Syndicate name for all greyhounds owned or leased by the undersigned in accordance with the Tasmanian Rules of Greyhound Racing (the “Rules”). If such application is granted we agree to use only the said syndicate name for all purposes of the Rules. We are aware that permission to use the Syndicate name may be cancelled or withdrawn by the Director at any time without assigning any reason therefore and without notification to us.

We understand that each member of the proposed Syndicate:

- a) must be 18 years of age or older;
- b) must be registered with the Office of Racing Integrity, Tasmania as an Owner, Owner-Attendant, Trainer or Syndicate Member before this Application for Registration of a Syndicate will be considered;
- c) must complete and sign this Application, which will allow for registration as a Syndicate Member if the person is not already registered;
- d) must be a fit and proper person having regard to the information contained in “Fitness & Propriety of Applicants” section of this agreement.
- e) must duly observe and be bound by the Rules; and

- f) agrees that the Director accepts no liability or responsibility whatsoever arising from disputes between members of the Syndicate. Any disputes between members of a Syndicate is a private matter between members of the Syndicate and the Director will take no part in adjudicating such disputes.

Any change to the composition, termination or dissolution of the Syndicate must be notified to the Office of Racing Integrity (“ORI”) as soon as the change occurs on a “Deletion of Syndicate Member” form or “Addition of New Syndicate Member” form (as the case may be). A Syndicate must at all times have no less than two (2) and no more than twenty (20) members.

The Syndicate hereby nominates a Delegated Person who must be registered as an Owner, Owner/Attendant, Trainer Public or Owner/Trainer and who is entitled to and shall:

- a) exercise on behalf of the Syndicate any powers which the Syndicate as Owner or a greyhound may exercise, including without limitation the sole power to nominate a greyhound for, or withdraw a greyhound from, an Event;
- b) receive any prize monies payable to the Owner in respect of any greyhound raced by the Syndicate, such receipt being deemed to be in complete satisfaction of the liability of a greyhound racing club to pay such prize monies;
- c) be empowered to sign and execute documents on behalf of the Syndicate, including without limitation documents relating to the change of ownership or naming of the greyhound;
- d) receive any document or notice required to be served under the Rules on any member of the Syndicate;
- e) be deemed to be authorised to act for or on behalf of the other Syndicate members unless otherwise provided in the Rules; and
- f) otherwise act on behalf of the Syndicate in all matters.

The Syndicate shall nominate a Second Delegated Person who must be registered as an Owner, Owner/Attendant, Trainer Public or Owner/Trainer and who shall be empowered to act as the Delegated Person, in the event that the Delegated Person is unable to exercise any of their powers through absence, illness or other circumstances.

A Syndicate may change its Delegated Person or Second Delegated Person from time to time by written notice to ORI by completing another Application for Registration of a Syndicate Form.

No greyhound owned by any Syndicate shall be nominated for or be allowed to participate in any event if any member thereof is undergoing a period of disqualification, suspension, warning off or listing as a defaulter (Local Rule 12.17).

Fitness and Propriety of Applicants

All individuals, including registered syndicate members, who hold a share or interest in the ownership of a greyhound are required to notify the Controlling Body if they:

- a) Have been convicted of or have a pending charge against them for any offence involving violence against a person or dishonest or criminal activity in the past 10 years; and/or
- b) Have ever been convicted under the Rules of Greyhound Racing or the rules of any other Racing Authority.

Details of the offence must be submitted in writing prior to an application being lodged. The Controlling Body will make a final determination on the suitability of the applicant becoming a registered syndicate member owner. If an individual neglects or fails to truthfully respond to these questions, this application and any other application concerning the individual may be refused or cancelled or other penalties incurred.

Payment: How to Pay information is attached at the back

MEMBERS OF SYNDICATE REGISTERED AS THE SYNDICATE

By signing this Application you are acknowledging you have read and understand both the information contained on Pages 1 & 2 and the Rules of Racing.

MAXIMUM 20 MEMBERS – INCLUDING BOTH MANAGERS

FIRST SYNDICATE MANAGER DETAILS: (Must be registered as an Owner, Owner-Attendant or Trainer)

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y		
Given Names:							Phone Number:							
Postal Address:							Mobile Phone:							
Suburb:					Postcode:					Registration No:				
Email Address:											SIGNATURE			
Account Name:														
BSB: (6 Digits):				Account Number:										
Is this Entity GST Registered? (Please read attached details)	YES / NO		If YES please enter ABN (11 Digits)											

SECOND SYNDICATE MANAGER DETAILS: (Must be registered as an Owner, Owner-Attendant or Trainer)

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y		
Given Names:							Phone Number:							
Postal Address:							Mobile Phone:							
Suburb:					Postcode:					Registration No:				
Email Address:											SIGNATURE			
Account Name:														
BSB: (6 Digits):				Account Number:										
Is this Entity GST Registered? (Please read attached details)	YES / NO		If YES please enter ABN (11 Digits)											

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MAXIMUM 20 MEMBERS – INCLUDING THE MANAGER AND REPRESENTATIVES

MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
Email Address:							SIGNATURE						

MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
Email Address:							SIGNATURE						

MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
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MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
Email Address:												SIGNATURE	

MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
Email Address:												SIGNATURE	

MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
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Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
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Given Names:							Phone Number:						
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Given Names:							Phone Number:						
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Suburb:					Postcode:				Registration No:				
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Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
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Postal Address:							Mobile Phone:						
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Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
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MEMBER DETAILS:

Title:		Surname:		Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Given Names:							Phone Number:						
Postal Address:							Mobile Phone:						
Suburb:					Postcode:				Registration No:				
Email Address:									SIGNATURE				



HOW TO PAY



Please call the above number to pay your account by credit card



Please complete the details below then detach the slip and return it with your completed form

Cheque or Money Order

Please attach and forward with your completed form

Cash

Please do not send in the mail

DETATCH AND RETURN WITH YOUR COMPLETED PAPERWORK



Department of Primary Industries, Parks, Water and Environment - Office of Racing Integrity

CREDIT CARD AUTHORISATION

Credit Card Type:

VISA

Mastercard

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: _____ / _____

CCV: _____

Name on Card: _____ Amount \$ _____

Card Holders Signature: _____

I agree to DPIPWE – Office of Racing Integrity charging my credit card to the amount shown above

Contact Phone number: _____