

FEE: \$ REFER CURRENT SCHEDULE OF FEES

FORM H

Office of Racing Integrity

All mail addressed to PO Box 1329, Launceston 7250
Prospect Government Offices, 171 Westbury Road, Prospect 7250



Telephone (03) 6777 1900 Facsimile (03) 6777 5148

APPLICATION TO TRANSFER OWNERSHIP OF A NAMED GREYHOUND

PRIOR TO SUBMITTING THIS APPLICATION PLEASE ENSURE THAT THE FOLLOWING IS OBSERVED:

- Scheduled fee must accompany this application.
- Application must be lodged within 10 working days of date of transfer or forthwith if nominated (R117(2))
- The use of liquid paper or white out may deem this application invalid.
- The greyhound's racing certificate must also be lodged with the Form H.
 - **NB: Identification Cards do not have to be submitted with a transfer application.**
- New owner/s registered with relevant State authority.

Section 1 - To be completed by The Seller

I/We the undersigned, being the registered owner/s, notify that on/...../..... I/we did sell the below mentioned greyhound and request that the transfer of ownership be registered accordingly.

Insert greyhound's name	
Earbrand	Microchip Number

Name of buyer:	
State:	

****** Please answer all following questions ******

1.	Is the greyhound the subject of any disqualification or suspension or inquiry by any Club or Controlling Authority?	YES / NO
2.	Has this greyhound ever been suspended for failing to chase or marring?	YES / NO
3.	Is this greyhound currently nominated for any meeting?	YES / NO
4.	Are you, as the current owner/s presently disqualified, suspended, warned off, or listed as a defaulter by any Racing Authority?	YES / NO

****** If you answered YES to any of the above questions, please attach full details ******

I/WE CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE

Signature/s of Seller/s	Date
1.....	2.....
3.....	4.....

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Section 2 - To be completed by Buyer

I/We the undersigned do notify that on/...../..... I/we did purchase the below mentioned greyhound and hereby make application for the said transfer of registration. In consideration of the Director of Racing granting such application, I/we hereby agree to be bound by and comply with all such Rules in respect of greyhound racing and all decisions as shall for the time being and from time to time be made by the Controlling Body, or by any other authority or person authorised under such Rules.

Insert greyhound's name	
Earbrand	Microchip Number

Are any of the below listed applicants disqualified, suspended, warned off or listed as a defaulter by any Racing Authority?	YES / NO
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**** If the answer is **YES**, please attach full details ****

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NOTE: Where there are two or more owners of the greyhound the person listed as 'No. 1' shall be known and act as the authorised representative for and on behalf of all other owners in all aspects and for all purposes of this registration other than the signing of documentation.

If the greyhound is owned by a Syndicate then only the name of the Syndicate together with the full name and signature of the Manager is required below.

****** All applicants must be 18 years of age or older and hold a current registration ******

Syndicate Name (if applicable):

I/We hereby declare that I/we are the only person/s having any interest or share in the ownership of the said greyhound.

NAME	ADDRESS	SIGNATURE	DATE

Payment options are shown on the attached sheet

OFFICE USE ONLY

Received Receipt No Processed Date

.....

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

In person at the ORI office at Prospect

Please do not send cash in the mail

DETACH 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:

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Expiry Date: _____ / _____

CCV: _____

Name on Card: _____ Amount \$ _____

Card Holders Signature: _____

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

Contact Phone number: _____