

OFFICE OF RACING INTEGRITY

ALTERATION TO EXISTING SYNDICATE

Other than Company, Firm or Stud



Member to be added / removed (strike out the non-applicable) from the Syndicate Registered as the _____ Syndicate

If Incoming Member: By signing this form you are acknowledging you have read and understand both the Standard Syndicate Terms and Conditions and the Rules of Racing. Please ensure that you have read the Personal Information, Privacy Statement and GST Declaration prior to signing this form.

If Outgoing Member: By signing this form you are acknowledging that you have relinquished your share(s) in the above named syndicate and that the manager has also signed and acknowledged this fact.

MEMBER DETAILS:

Title		Surname:	
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Date Of Birth:	D	D	M	M	Y	Y	Y	Y
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Given Names:	
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Phone Number:	
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Postal Address	
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Mobile Phone:	
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Suburb:		Postcode:	
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Shares Held

SIGNATURE

Occupation:	
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Email Address:	
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Is this Entity GST Registered?
YES / NO

Account Name:	
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If Yes please enter ABN (11 Digits)

BSB: (6 Digits):		Account Number:	
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MANAGER TO COMPLETE IF MEMBER IS LEAVING THE SYNDICATE

Mark an 'X' next to the appropriate alteration:

_____ Share absorbed within syndicate

_____ Share(s) transferred to existing member in Syndicate. Member receiving additional share(s) to sign here: _____

_____ Share relinquished within Syndicate

MANAGER'S SIGNATURE

MANAGER TO NOW COMPLETE TABLE ON NEXT PAGE STATING THE NEW / CURRENT MEMBERSHIP OF THE SYNDICATE

Current Membership of the Syndicate Registered as the _____ Syndicate

Name	Share(s) / Percentage Held	Name	Share(s) / Percentage Held
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

MANAGER SIGNATURE REQUIRED HERE: _____

Fee is \$28.

If paying by cheque, please make cheque payable to "Office of Racing Integrity".

Please mail the completed form to the following address:

Office of Racing Integrity
 PO Box 1329
 LAUNCESTON TAS 7250

Please circle:	Bankcard		Visa		Mastercard
Card Number	- - - - / - - - - / - - - - / - - - -				
Expiry Date	- - / - -		Amount \$	_____	
Cardholder's Name:	_____				
Signature of Cardholder:	_____				