



**APPLICATION FOR ASSISTANT TRAINER’S LICENCE**

(To be lodged at the Office of The Horse Racing Division)

Surname of Applicant:.....

Other Names: .....

ID No/Passport Number: .....Date of Birth:.....

Telephone No.: (Home)..... (Work)..... (Mobile) .....

Residential Address: .....

.....Postal Code: .....

Email Address:.....PML No: .....

Have you previously been licensed? (If yes, by whom?)

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..... For what period? .....

If not previously licensed, give details of experience in connection with racing of horses, and the names of any previous employer/s: .....

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Have you ever been warned off, disqualified, suspended, had a license refused or withdrawn? If yes, please give particulars:

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Have you been convicted of a criminal offence? YES / NO. (If yes, please provide details)

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I hereby apply to be license as an Assistant Trainer in terms of the Rules of Racing & Directions of the Horse Racing Division (HRD) as amended from time to time. I acknowledge that I am acquainted with and bound by them with effect from the date that this application is approved. I declare that the information given by me is complete and accurate. Should it be found subsequent to approval that the information contained herein is false, the registration/license may be subjected to review. I further acknowledge that I shall be deemed to have received any communication from the HRD if such communication is sent to the abovementioned postal address or email address or to such other address as I advise the HRD, in writing.

Signature of Applicant: ..... Date.....

Signature of Employer: ..... Date.....



**A. TO BE COMPLETED BY THE EMPLOYER**

Full name of employer (Trainer) .....  
Number of horses presently trained by me .....  
I hereby apply for permission to employ .....,  
He/she will be paid a salary of Rs. .... per week / per month and will receive the  
following benefits (Details of bonuses and or other benefits) .....  
.....  
Signature of Trainer ..... Date .....

**B. TO BE COMPLETED BY THE EMPLOYEE**

Full name of Employee ..... ID number .....  
Residential Address .....  
Email Address .....  
Telephone No. (Home)..... (Mobile) .....

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Signature of Employee ..... Date .....  
Signature of Employer ..... Date .....

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**REPORT AND RECOMMENDATION OF THE STIPENDIARY BOARD**

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**Signature:** ..... **Date:** .....