



5<sup>th</sup> Floor, Newton Tower, Sir William Newton Street,  
 Port Louis, Mauritius  
 Telephone No. (230) 260 2000  
 Email: info@hrd.intnet.mu

**RENEWAL OF TRAINER'S LICENCE**

<b>Surname:</b>	
<b>Names:</b>	<b>PML No:</b>
<b>NIC / Passport Number:</b>	<b>Date of Birth:</b>
<b>Residential Address:</b>	
<b>Contact Number:(Home/Mobile)</b>	
<b>Email Address:</b>	
<b>Stable Address:</b>	
<b>List of Track / Training Centre(s) used:</b>	
<b>Number of Boxes:</b>	
<b>Number of Feed Rooms:</b>	
<b>Number of Store Rooms:</b>	

Details of warnings off, suspensions, cancellation of licence, or refusal of application:

.....  
 .....

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

.....  
 .....

I hereby apply to be licensed in terms of the Constitution and 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:.....

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**For Office Use: Report on Stables / Equipment and Recommendation by The Stipendiary Board.**

Date inspected..... Signature... ..



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**HORSES (INCLUDING YEARLINGS) TO BE TRAINED BY APPLICANT**

No.	Name of Owner/Lessee	Name of Horse	Col.	Sex	Age	Previous Trainer
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