

REGISTRATION OF STABLE /OR EOUESTRIAN CENTRE

Date:

S/N					
PART	T A (to be completed by the applicant)				
1	INFORMATION AND CONFIRMATION				
1.1	Registered Name of Stable /Or Equestrian Centre				
1.2	Address/Location of Operation				
1.3	Address of Owner of Stable or Equestrian				
	Centre				
1.4	Email Address				
	Telephone No.				
	Mobile No.				
	h signed annexures if necessary				
	se tick as appropriate				
1.5	I hereby confirm that my company is duly qualified				
	Gambling Regulatory Act 2007 to be holder of a li	cence.			
1.6	I hereby confirm that no substantial shareholder	within the meaning of Companies			
1.0	Act 2001) of my company <u>is convicted of any off</u>				
	Authority Act or any offence involving fraud or dishonesty or is in breach of regulations				
	made under the Gambling Regulatory Authority A	ct.			
-					
2	SUBSTANTIAL SHAREHOLDER(S) and (The Substantial shareholder(s) and/or Director(s) informat				
	document rec				
2.1	Full Name of Chief Executive Officer				
	Do you hold a current Personal Management				
	Licence? If yes , please give your PML No.				
	Residential Address				
	Contact number				
	Email Address				



Director Full Name
Personal Management Licence No
Residential Address
Contact number
Email Address
Occupation (Attach supportive document)
Occupational Address
Director Full Name
Personal Management Licence No
Residential Address
Contact number
Email Address
Occupation (Attach supportive document)
Occupational Address



2.4	Shareholder Full Name	
	Personal Management Licence No	
	Residential Address	
	Contact number	
	Email Address	
	Percentage of Shares	
2.5	Shareholder Full Name	
	Personal Management Licence No	
	Residential Address	
	Contact number	
	Email Address	
	Percentage of Shares	
2.6	In case the shareholder is a company/club or partnership, please give details on company/club/partnership.	the



3	С	ONVICTIONS OR INVESTIGATIONS				
(Pleas	e tick as appropriate)		YES	NO		
3.1	any person having direct or ind convicted of an offence or is investigation by any statutory, abroad(including Mauritius F Independent Commission aga	ompany your directors, managers, officers or irect interest (Delete as appropriate) ever been subject to any current, pending or previous regulatory or governing body in Mauritius or Police Force, Mauritius Revenue Authority, inst Corruption, Financial Intelligence Unit, 1, Registrar of Companies, Registrar of fortgages).				
If yes	to question 3.1 please provide	details:				
4	С	OMPANY'S LICENCE INFORMATION				
4.1	Current Licence No					
4.2	Licence Expiry Date					
4.3	Period of Renewal	From: / / to / /				
5	5 PROOF OF OWNERSHIP OF STBALES					
Please	Please attach details of Ownership of Stable					
Please	Please attach Lease Agreement (If Applicable)					



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DETAILS OF STABLE CONSTRUCTION & SECURITY

Stable Type	Barn		WIWO	Open Ya	rds	Yard/ Stall	
Number of	Boxes		Yards			Paddocks	
Construction of	Roof		W	Walls		Floor	
Security – Locks applied to	Barn	Г	ack Room	Feed Room		Property	
applied to							
Security - Other	Dog(s)		Lights	Alarms		Other (Specify below)	
Other Security							
Measures							

STABLE OWNER/ USER DETAILS				
Name of Stable				
Owner:				
Address of Stable				
Owner:				
Signature of Stable	Owner authorizing use of the STABLES and PROPERTY (Delete PROPERTY if not applicable)			
Signature				
Date				

Names of other stable and property users:		



No. of Thoroughbred	
No. of Ponies	
No. of Staff	



7	APPLICANT INFORMATION
7.1	APPLICANT SIGNATURE AND DECLARATION
	I,(Name)
	(Designation)
	Acting on behalf of
	I hereby apply for the Registration of Stable /or Equestrian Centre mentioned in PART A Section 1 and declare that the information given above and in the attached sheet(s) are true and correct.
	Authorised Signature Date

8	IMPORTANT NOTES:
	se ensure that correct information on beneficial owners, shareholders and directors are adequate. Please use onal shareholder(s) and director(s) information sheet if necessary.
	false or misleading information provided, may lead to such disciplinary action deemed appropriate under the ling Regulatory Authority Act.
*This Direct	'Licence Renewal form' should be signed by the licensee or in the case of a company by the duly authorised tor(s).
	Should inform the Horse Racing Division for any change in beneficial owners, shareholders and directors or any d information of your company as the case maybe.



PART	PART B (to be completed by the Horse Racing Division)			
1	Ι	RELEVANT DOCUMENTS SUBMITTED/AVAILABLE:		
		(Plea	se tick as appropriate	
MRA	Clearance			
Inspec	tion Report (Ref:)		

PART C (to be completed by the HRD Cashier Office)	
Processed by:	Title of the Officer:
Signature:	Date: / /
PART D (to be completed by the HRD Licensing Unit)	
Licence Number Issued	
Licence Issued Date	
Licence Validity Period	