



## APPLICATION OF TRAINING PARTNERSHIP

(Under the Rules of Racing)

### These details must be completed by Applicant 1.

Mr/Mrs/Ms/Miss Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Current Phone Numbers	Home:	Business:	Mobile:
-----------------------	-------	-----------	---------

Current Email address:	PML No.
------------------------	---------

### These details must be completed by Applicant 2.

Mr/Mrs/Ms/Miss Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Current Phone Numbers	Home:	Business:	Mobile:
-----------------------	-------	-----------	---------

Current Email address:	PML No.
------------------------	---------

### STABLE DETAILS

Current Stable address			
List Track/Training Centre/s used	1.	2.	3.

How many horses do you intend to have in work at the commencement of the Training partnership?

Does either trainer hold a licence in another racing jurisdiction? If yes, please provide details.

Trainer 1	Trainer 2
-----------	-----------

Staff Names – category of licence


Is training partnership registered for work cover insurance? If yes, provide details.

---

#### APPLICANTS' DECLARATION

The above-mentioned Applicants do solemnly and sincerely declare that the information tendered in this application is correct and that we have read all the conditions appearing in this application and acknowledge and agree to abide by all such conditions. I also hereby authorize the Horse Racing Division to check any details of information given in this statement, including but not limited to, criminal convictions, financial commitments etc. as the Authority in its absolute discretion deems necessary.

SIGNATURE APPLICANT 1:

DATE:

---

SIGNATURE APPLICANT 2:

DATE: