

## **NOTICE OF CHANGE OF OWNERSHIP OF A HORSE**

Please ensure that this form is completed accurately and is submitted as soon as practicable and all information requested is provided. An incomplete form is subject to a processing delay.

SECTION 1. HORSE DETAILS					
Name:		Purchase/ Transfer Date:			
Sire: Da		Dam:	Dam:		
Age/ Year of Foaling:	Sex: Colt Filly Man	Sex: Colt Filly Mare Gelding		Colo	ur: B $\square$ Blk $\square$ Br $\square$ Ch $\square$ Gr $\square$
	Gelding date:			Other	rs:
Cipher Brand	Numerical Band	Numerical Band		Micr	ochip:
(Near Side)	(Off Side)	Off Side)			
SECTION 1.1 TRAINER DETAILS					
Name:	Signature:				Date:

SECTION 2. SELLER DETAILS			
	relinquishing their share, or part thereof, r partnership) specify each person comprisi		s a
1. Full Name:	Signature:	Share:	%
2. Full Name:	Signature:	Share:	%
3. Full Name:	Signature:	Share:	%
4. Full Name:	Signature:	Share:	%
5. Full Name:	Signature:	Share:	%
6. Full Name:	Signature:	Share:	%
7. Full Name:	Signature:	Share:	%
8. Full Name:	Signature:	Share:	%
9. Full Name:	Signature:	Share:	%
10. Full Name:	Signature:	Share:	%
11. Full Name:	Signature:	Share:	%
12. Full Name	Signature:	Share:	%
13. Full Name:	Signature:	Share:	%
14. Full Name:	Signature:	Share:	%
15. Full Name:	Signature:	Share:	%
16. Full Name:	Signature:	Share:	%
17. Full Name:	Signature:	Share:	%
18. Full Name:	Signature:	Share:	%
19. Full Name:	Signature:	Share:	%
20. Full Name:	Signature:	Share:	%



TRUD rse Racing Division			Telephone No. (230) 214 9800 Email: info@hrd.intnet.mu
SECTION 3. RACING NOMINEE			
Every horse must have a person app company) details of the legal entity m			orse is owned by a legal entity (e.g. a
Is there a current Racing Nominee regis	stered with HRD for t	his horse?	
YES $\square \longrightarrow$ Is the racing nominee s	taying the same? —	► If YES → Sign	bottom of this section
NO Confirm racing nomine	e below	If No <i>→</i> Conf	irm racing nominee below
	authorise HRD to use	the information colle	o act on the owners' behalf in all matters, ected from me to carry out a credit check ts discretion think appropriate.
First Name(s)	Surname		Date of Birth
Postal Address			
Email Address			
Telephone – Home Telephone – Mobile			
-			
			ne registered ownership of the applicable e proof of sole or joint ownership of such
I authorise HRD to use the information collected from me for any purpose which, in accordance with its privacy policy, it may in its discretion think appropriate. If you do not wish your information to be disclosed and retained by third parties for the purpose of providing you with the information on events, products and services, then please tick the box below.			
Signed		%: (If applicable)	Date



## **SECTION 4. OWNER DETAILS**

Every person with an ownership share in the horse must complete a separate section. Please <u>print</u> clearly.		
NEW OWNER		
First Name(s)	Surname	
Date of Birth	NIC	
Postal Address		
Email Address		
Telephone – Home	Telephone – Mobile	
<b>Declaration:</b> By signing this form I certify I have read the form and that all of the information set out on this form, including the horse identification by physical inspection of the horse, the appointment of the Racing Nominee, is true and correct. I acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me being prosecuted under the Rules of Racing or otherwise. I confirm with the requirements listed therein and that I am (a) Eligible to enter on a racecourse; (b) Eligible under the Rules of Racing to have an interest in or to enter or start such horse in any race. I acknowledge and agree that the ownership kept by HRD is prima facie evidence of the registered ownership of the applicable horse in accordance with the Rules of Racing, and does not constitute nor determine proof of sole or joint ownership of such horse in the event that a dispute may arise.		

Signed	%:	Date

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