

REGISTRATION OF STABLE

Date:

S/N					
DADT	TA (40 ha completed by the graph and)				
1	PART A (to be completed by the applicant) INFORMATION AND CONFIRMATION				
1.1	Registered Name of Stable	CONFIRMATION			
1.1	Registered (Value of Stable				
1.2	Address/Location of Operation				
	-				
1.3	Address of Owner of Stable				
1.5	Address of Owner of Stable				
1.4	Email Address				
	Telephone No.				
	Mobile No.				
Attacl	h signed annexures if necessary	1			
	se tick as appropriate				
1.5	I hereby confirm that my company is duly qualified	ed under Section 93 of the			
	Gambling Regulatory Act 2007 to be holder of a licence.				
1.6	I have been seen that we make the state of the seek all de-	(id-in-dhin			
1.0	I hereby confirm that no substantial shareholder Act 2001) of my company is convicted of any offe				
	Authority Act or any offence involving fraud or dis				
	made under the Gambling Regulatory Authority A	•			
2	SUBSTANTIAL SHAREHOLDER(S) an				
	(The Substantial shareholder(s) and/or Director(s) informate document rec				
	aocument receivea aute)				
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				



2.2	Director Full Name	
	Personal Management Licence No	
	Residential Address	
	Contact number	
	Email Address	
	Occupation (Attach supportive document)	
	Occupational Address	
2.3	Director Full Name	
	Personal Management Licence No	
	Residential Address	
	Contact number	
	T '1 A 11	
	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							
		1						
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 company/club/partnership.	or par	rtnership,	please	give	details	on	the
2.7.	List of members or shareholders/partners of the co	ompany/c	lub or par	tnership	should	d be prod	duced	•



3	CONVICTIONS OR INVESTIGATIONS				
(Pleas	re tick as appropriate)		YES	NO	
3.1	Have you or in the case of a c	company your directors, managers, officers or			
		lirect 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,			
		ninst Corruption, Financial Intelligence Unit,			
		il, Registrar of Companies, Registrar of			
	Association, Conservator of M	lortgages).			
If yes	to question 3.1 please provide	details:			
4	C	OMPANY'S LICENCE INFORMATION			
4 4.1	Current Licence No	OMPANY'S LICENCE INFORMATION			
		OMPANY'S LICENCE INFORMATION			
		OMPANY'S LICENCE INFORMATION			
		OMPANY'S LICENCE INFORMATION			
4.1	Current Licence No	OMPANY'S LICENCE INFORMATION			
4.1	Current Licence No	OMPANY'S LICENCE INFORMATION			
4.1	Current Licence No	OMPANY'S LICENCE INFORMATION From: / / to / /			
4.1	Current Licence No Licence Expiry Date				
4.1	Current Licence No Licence Expiry Date				
4.2	Current Licence No Licence Expiry Date Period of Renewal	From: / / to / /			
4.1 4.2 4.3	Current Licence No Licence Expiry Date Period of Renewal	From: / / to / / PROOF OF OWNERSHIP OF STABLES			
4.1 4.2 4.3	Current Licence No Licence Expiry Date Period of Renewal	From: / / to / / PROOF OF OWNERSHIP OF STABLES			
4.1 4.2 4.3 5 Please	Current Licence No Licence Expiry Date Period of Renewal Pattach details of Ownership of	From: / / to / / ROOF OF OWNERSHIP OF STABLES Stable			
4.1 4.2 4.3 5 Please	Current Licence No Licence Expiry Date Period of Renewal	From: / / to / / ROOF OF OWNERSHIP OF STABLES Stable			



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Mezzanine Floor, Happy World House, Sir William Newton Street, Port Louis, Mauritius Telephone No. (230) 214 9800 Email: info@hrd.intnet.mu

DETAILS OF STABLE CONSTRUCTION & SECURITY

Stable Type	Barn	WIWO	Open Yards	Yard/ Stall	
Number of	Boxes	Ya	ards	Paddocks	
	Tuniber of Boxes				
Construction of	Roof	W	valls valls	Floor	
Security – Locks	Barn	Tack Room	Feed Room	Property	
applied to					
Security - Other	Dog(s)	Lights	Alarms	Other (Specify below)	
Other Security	<u> </u>				
Measures					
	STABLI	E OWNER/ USER DE	TAILS		
Name of Stable					
Owner:					
Address of Stable					
Owner:					
Signature of Stable	e Owner authorizing use	e of the STABLES and applicable)	PROPERTY (Delete	e PROPERTY if not	
Signature					
Date					
	•				
	Names of o	other stable and proper	rty users:		



PLAN OF STABLES (If insufficient space, attach a separate plan)		
No. of Thoroughbred		
No. of Ponies		
No. of Staff		



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Email: info@hrd.intnet.mu

7	APPLICANT INFORMATION
7.1	APPLICANT SIGNATURE AND DECLARATION
	I,(Name)
	(Designation) Acting on behalf of. (Name of the company, if applicable)
	I hereby apply for the Registration of Stable 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:**

- *Please ensure that correct information on beneficial owners, shareholders and directors are adequate. Please use additional shareholder(s) and director(s) information sheet if necessary.
- *Any false or misleading information provided, may lead to such disciplinary action deemed appropriate under the Gambling Regulatory Authority Act.
- *This 'Registration form' should be signed by the applicant or in the case of a company by the duly authorised Director(s).
- *You Should inform the Horse Racing Division for any change in beneficial owners, shareholders and directors or any related information of your company as the case maybe.



PART B (to be completed by the Horse Racing Division)					
1 RELEVANT	RELEVANT DOCUMENTS SUBMITTED/AVAILABLE:				
	(Please tick as appropria				
MRA Clearance					
Inspection Report (Ref:)				
PART C (to be completed by the HRD Co	ashier Office)				
Processed by:	Title of the Officer:				
Signatura	Date: / /				
Signature:	Date.				
PART D (to be completed by the HRD Li	icensing Unit)				
	,				
Licence Number Issued					
Licence Issued Date					
Licence Validity Period					
Electice Validity I criod					