




Department of Natural Resources and Environment Tasmania

Office of Racing Integrity

Prospect Government Offices, 171 Westbury Road, Prospect 7250
All mail addressed to: PO Box 1329, Launceston 7250
Telephone: (03) 6777 1900 Fax: (03) 6777 5148
Email: operations@racingintegrity.tas.gov.au



X = SIGNATURE REQUIRED. To apply a digital signature to this form either:
(1) Use the "Sign Document" tool  OR (2) Select "Fill & Sign" from the menu.

► **Payment Authorisation is on the last page of this form.** [Click here](#) to view Schedule of Fees or visit nre.tas.gov.au

Alteration to existing syndicate Other than Company, Firm or Stud

Member to be added / removed (select applicable) from the Syndicate Registered

as the Syndicate.

If Incoming Member: By signing this form you are acknowledging you have read and understand both the Standard Syndicate Terms and Conditions and the Rules of Racing. Please ensure that you have read the Personal Information, Privacy Statement and GST Declaration prior to signing this form.

If Outgoing Member: By signing this form you are acknowledging that you have relinquished your share(s) in the above named syndicate and that the manager has also signed and acknowledged this fact.

Member Details

TITLE:	FIRST OR GIVEN NAMES:	SURNAME:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH:	PLACE OF BIRTH:	OCCUPATION:	SHARES HELD:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NO.	MOBILE:	EMAIL:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
POSTAL ADDRESS:	SUBURB:	STATE:	POSTCODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NAME:	BSB (6 DIGITS):	ACCOUNT NO.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is this Entity GST Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please enter ABN:	<input type="text"/>

SIGNATURE:

Manager to complete if Member is leaving the Syndicate

Please select the appropriate alteration:

- Share absorbed within syndicate
- Share(s) transferred to existing member in Syndicate.
Member receiving additional share(s) to sign here:
- Share relinquished within Syndicate

SIGNATURE:

MANAGER'S SIGNATURE:

► **Manager to now complete the following table stating the new / current membership of the syndicate**

Alteration to existing syndicate (Other than Company, Firm or Stud)

Current Membership of the Syndicate

Current Membership of the Syndicate Registered as the Syndicate

	NAME	SHARES (%)		NAME	SHARES (%)
1.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	2.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
3.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	4.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
5.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	6.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
7.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	8.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
9.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	10.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
11.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	12.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
13.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	14.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
15.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	16.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
17.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	18.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
19.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>	20.	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>

MANAGER'S SIGNATURE:


X

Personal Information Protection Statement

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

OFFICE USE ONLY

DATE RECEIVED:	DATE APPROVED:	APPROVED BY:

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Payment Authorisation

Please complete and return this page with your completed form.

1. Credit Card Authorisation



CREDIT CARD TYPE: VISA Mastercard



CARD NUMBER:

EXPIRY DATE:

 /

CCV:

NAME ON CARD:

CONTACT PHONE NUMBER:

AMOUNT:

CARD HOLDERS SIGNATURE:

X

I agree to NRE – Office of Racing Integrity charging my credit card with the amount shown above.

Please contact me to obtain credit card details once application forms have been submitted and received.

2. Other Payment Options

If you are not able to make a payment via a debit or credit card, please contact us to make an alternative arrangement.



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