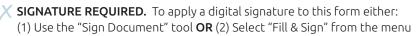
Tasracing Integrity Unit

171 Westbury Road, Prospect 7250

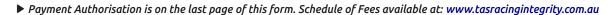
All mail addressed to: PO Box 1329, Launceston 7250

T: (03) 6777 1900

 $\hbox{\bf E: operations@tasracingintegrity.com.au W: tasracingintegrity.com.au}\\$



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



Alteration to existing syndicate Other than Company, Firm or Stud

as the						Syndica	ate.					
and Cor	nditions a		ning this form you are s of Racing. Please ens this form.									าร
			ning this form you are ger has also signed an				elinquis	shed your shar	e(s) in the	e above na	med	
Mem	ber Deta	ails										
TITLE: FIRST OR GIVEN NAMES:					2	SURNA	ME:					
DATE O	F BIRTH:	PLACE OF E	BIRTH:		OCCUPAT	TON:				SHAR	RES HELD	:
PHONE	NO.		MOBILE:	EM	AIL:							
POSTAL	ADDRESS	:			SUBU	IRB:				STATE:	POSTO	ODE:
ACCOUI	NT NAME:							BSB (6 DIGITS):	ACCO	OUNT NO.		
	_	ST Register	red? Yes	No		If YES p	olease	e enter ABN:				
SIGNATO	URE:											
Mana	iger to c	omplete i	f Member is leavin	g the Synd	icate							
Please	select tl	пе арргорі	iate alteration:									
S	Share abs	orbed wit	nin syndicate									
	, ,		to existing membe dditional share(s) to	-		NATURE:	X					
S	Share reli	nquished v	within Syndicate	MANA	GER'S SIGN	IATURE:	X					

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.		2.		
3.		4.		
5.		6.		
7.		9.		
9.		10.		
11.		12.		
13.		14.		
15.		16.		
17.		18.		
19.		20.		
MANAGER'S SIGNATURE:				
X				

OFF	ICE L	JSE (ONLY
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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

Please complete and return this page with your completed form.

1. Credit Card Authorisation									
VI		REDIT CARD TYPE: VISA Mastercard							
maste	rcard	DN CARD:	EXPIRY DATE: CCV: CONTACT PHONE NUMBER:						
	AMOUNT: CARD HOLDER		ARD HOLDERS SI	SIGNATURE					
AMOO			X	UIVAI UKE.					
	I agree to Tasracing charging my credit card with the amount shown above.								
	Ple	ase contact me to obtain credit card details once	application for	ms have been submitted and received.					
2. 0	her 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.									
S	Telephone:	(03) 6777 1900							
@	Email:	operations@tasracingintegrity.com.au							
	Mail:	TIU Office, Prospect Government Offices, PO Box 1329, Launceston 7250							
\bigcirc	In person:	TIU Office, Prospect Government Offices, 171 Westbury Road, Prospect, Tasmania 7250.							



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The personal information you provide in connection with this document will be used by Tasracing for the purpose of processing your application for a licence and/or registration and for associated purposes pursuant to the *Racing Regulation* and *Integrity Act 2024* (Tas), associated legislation, and the Rules of Racing as adopted by Tasracing from time to time.

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Tasracing can be contacted in one of the ways set out on its website (tasracing.com.au), including via phone (03 6212 9333), email (admin@tasracing.com.au) or mail (PO Box 730, Glenorchy TAS 7010).