

Complete this form if you wish to change your name or contact details.

If changing your name supporting evidence must be provided. See below for more details.

If you wish to change your bank account details, please contact the Stakes Payments Department of the Principal Racing Authority (PRA) in your state or territory for the appropriate form.

Change of Name

If you are changing your name please attach a certified copy of one of the following documents:

- marriage certificate
- certificate of change of name
- birth certificate
- divorce certificate
- passport
- driver's licence
- deed poll
- ATO advice

How to Certify a Copy of a Document

Step 1 Make a copy of the original document.

Step 2 Take the copy and the original document to a person who is legally authorised to certify documents such as a Justice of the Peace, doctor, lawyer, police officer or teacher.

Step 3 Ask the person who is certifying the document to:

- write on the copy 'this is a certified copy of the original' and the date;
- provide their contact details; and
- sign and print his or her name.

Privacy and Personal Information

Your Personal Information

The personal information collected on this form which is required to complete your application includes your name, birth date, address, contact details, email, mobile GST status, and bank account details. This information is required to:

- identify you
- assess your eligibility as an owner
- facilitate the administration of racing
- communicate with you
- enable payment of prize money

Where information is not provided your application may be refused or delayed until the required information is provided.

How your personal information is used

The information collected about you will be shared with the PRA in each state and territory of Australia in order to:

- enable PRAs to fulfill their supervisory responsibilities
- promote and protect the integrity of the sport
- ensure compliance with the Rules of Racing
- communicate with you

Personal information may be disclosed to third parties such as government enforcement agencies, appeal bodies, race clubs, wagering service providers and international racing bodies or other authorities as required, but only for one or more of the purposes described above.

Names of horse owners are publicly available on certain websites and may also appear in race field lists, race books, form guides and similar publications where appropriate.

For further information about privacy, please visit each PRA's website or www.racingaustralia.horse for the RA Privacy Policy.

Access to Information

You can access and request changes to the information held about you by contacting the Registrar of Racehorses or relevant PRA.

Fees

There is no fee required to lodge this form.

Completed Applications

Please send the completed form to the Registrar or Racehorses or a Principal Racing Authority.

Registrar of Racehorses

A division of RA

Level 11, 51 Druitt Street
Sydney NSW 2000
Ph 02 8072 1900
Fax 02 8072 1999

Racing NSW

Level 7, 51 Druitt Street
Sydney NSW 2000
Phone 02 9551 7500
Fax 02 9551 7587

Racing Victoria Limited

400 Epsom Road
Flemington VIC 3031
Phone 1300 139 412
Fax 03 9258 4326

Queensland Racing Integrity Commission

PO BOX 15666
City East QLD 4002
Phone: (07) 3174 0400
Email: licensing@qric.qld.gov.au

Thoroughbred Racing SA

GPO Box 2646
Adelaide SA 5001
Phone 08 8179 9824
Fax 08 8350 0082

Racing & Wagering WA

PO Box 255
Cloverdale WA 6985
Phone 08 9277 0755
Fax 08 9277 0790

Thoroughbred Racing NT

GPO Box 589
Darwin NT 0801
Phone 08 8923 4222
Fax 08 8923 4233

Office of Racing Integrity

PO Box 1329
Launceston TAS 7250
Phone 03 6777 1900
Fax 03 6777 5148

If changing your name, supporting documentation must also be supplied. See page 1 for more information.

All fields in the relevant parts of the form are required to complete your application. Where information is not provided your application may be refused and or delayed. Please complete all relevant details using BLOCK letters and black or blue pen.

Previous Details

Please provide your previous details

If other, please specify

Date of Birth

Mr Mrs Miss Ms Other / /

Surname

Given Names

Postal Address

Post Code

New Details (When completing this section you are required to provide ALL the information requested below)

If other, please specify

Date of Birth

Mr Mrs Miss Ms Other / /

Surname

Given Names

Postal Address

Post Code

Daytime Phone

Mobile

Email

Bank Account Name

BSB - Account Number

Owners Declaration

I certify that the information supplied on this form is true and correct.

Signature

Date

/ /

Office Use Only

Entered By

Date Entered