

PO Box 1034 **BANKSTOWN NSW 1885** T 02 9722 6600 F 02 8580 5792 registration@hrnsw.com.au www.hrnsw.com.au

## APPLICATION FOR APPROVAL OF NAME / ISSUE OF A REGISTRATION CERTIFICATE

- Please complete this application in CAPITAL LETTERS

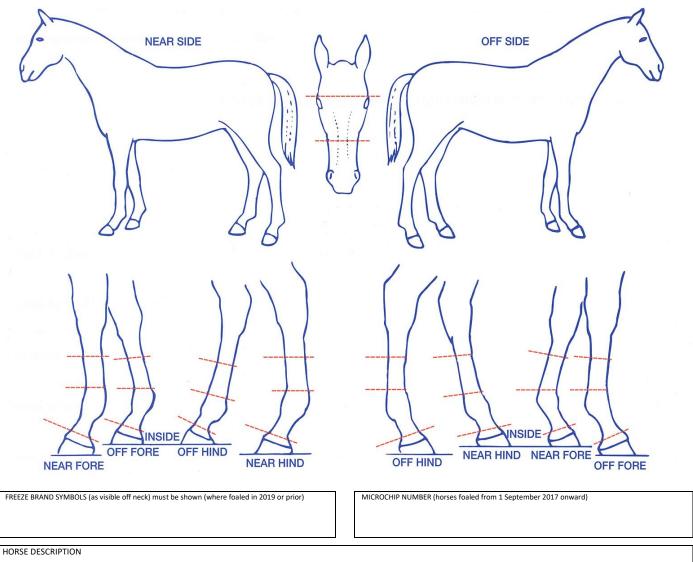
																S	EC	TIO	N A	١.																
Sire																		D	am																	
Foaling	Foaling Date Colour											9	ex							Ga	it															
Breede	er(s)							<u> </u>												L																
owner	s of t	he h	orse au)	to nust	be be	nar sub	ned mit	ma ted	ıy sı prioi	ubm r to,	it th	nis a	appl :urre	icat ent	ion. with <i>,</i>	If the	own acc	ersh epta	nip h	as c of a	hang nam	ged, ing	a 1 appl	ran icati	sfer ion.	of <b>All</b>	Ow ow	ners ners	ship <b>s, or</b>	of l	Hors t <b>ow</b>	e fo	orm <b>s, of</b>	(ava <b>the</b>	ilab <b>hor</b>	gistere le fron se mu orse.
1)				FUL	L NA	ME							SIC	3NA	TUR	E		٦.	11)				F	ULL	NAI	ME				<u>-</u> -			SIGN	ATU	IRE	
											<u> </u>							=	. l											<u>-</u>						
2)											<u> </u> 							$\exists$	12)							=====			====	<u>  </u> T						
3)											<u> </u> 							+	13)				=====		====	====	====	====	====	<u> </u> 		=====			=====	
4)											<u>                                      </u>							4	14)											<u>.                                    </u>						
5)											<u> </u>							 	15)											<u>.                                    </u>						
6)											<u> </u> 							_  : 	16)											<u>.</u>						
7)																		 	17)											<u> </u>						
8)																		<u> </u>	18)											<u> </u>						
9)																		_] :	19)																	
10)																		] :	20)																	
submit mark c (includ Harnes	tted. Sor copy ling sp ss Raci lote th	Single rright aces) ng Au lat, p	lett . Pl is p stra er H	ers e ease erm lia (H RA r	rec itted IRA) equi	ord ord I for on iren	be unang read the	sed ne s ch h afte	(oth elect orse rnoc min	ier t tion: nar on of imu	han s in ne. I f eac m o	the pref Note th bu	letto erre e tha isine ee (	er A ed so et th ess o 3) r	(). The eque ne va day, v	nce riou vith	oplica (1 be s Sta the a ust b	ant a eing ate C appr e re	mos Controved	ots for the state of the state	ull re sirab g Bo ne ge elow	spor die, 6 dies ener	nsibi bei do i <b>ally</b>	lity ng <u>I</u> not bein	sho east appi g av	uld a t des rove raila	a na sirak sel ble o	me ole). ecte on th	be a A r d na ne af	illott naxii imes tern	ed v mun i – a oon	vhich n of II na of th	n infi eigh mes ne fo	ringe teen are llow	es ar (18 proving b	ny trac i) lette vided i busine s will k
1																			4																	
2																			5																	
														•														•	•	•	-			1		

and from time to time be made by Harness Racing NSW and all decisions that shall from time to time be made thereunder by Harness Racing NSW or person authorised under such Rules to make the same.

I/we hereby certify that the horse referred to in Section A of this application has been physically inspected and that the markings, brands and microchip information (as applicable) provided in Section B of this application constitutes a true description of the details observed.

## **SECTION B**

All WHITE markings and freeze brand SYMBOLS (where applicable) are to be clearly shown in ink on the diagram (and in the boxes) below



## IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Naming Applications can be submitted subsequent to the foal / horse to be named having been positively DNA tested by the Canadian laboratories

Applications may be submitted via email or facsimile (Harness Racing NSW only) however; applications that are not of sufficient print or scan quality will be rejected, as will applications that do not include both pages of the

Physically inspect the horse to be named and clearly draw (using the above diagram) the exact markings and freeze brands appearing on the horse. It may be necessary to clip the area of the brand to clearly identify the freeze brand symbols. If any of the freeze brand symbols are indistinct (after clipping the area) please indicate above which symbol, or symbols, are affected so the horse description / appearance can be updated on the national database.

If the horse was foaled on or before 1 August 2020 no freeze brand will have been applied

If the horse was foaled on or after 1 September 2017 the microchip number is to be recorded in the area provided above for this purpose.

White markings should be shown on both the near and off side diagrams and the position of any scars are to be marked with an "X".

Please provide a complete and accurate description of all identifying marks in the area set aside for this purpose above (HORSE DESCRIPTION).

Ensure that Section A of this application is completed as required prior to submitting this application to Harness Racing NSW.

Please allow a reasonable period of time between submitting an application to Harness Racing NSW and the subsequent approval of the name and mailing of the Registration Certificate, particularly if you are submitting the application by standard post (surface mail).

CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)													
Card Number:													
Expiry Date :			CVV (3 digit value p	orinted on back		\$ 90.00							
Cardholders Name : Cardholders Signature:													
Assigned Custome	r Code			lr	nvoice Number								