



A completed copy of this form must also be provided to the Trainer

**Horse Description** (If multiple horses, please set out information in relation to others on a separate page, and attach it)

Horse Name  Foal Year of Birth

Microchip Number

**Trainer Details**

Date of Birth (dd/mm/yyyy)   Mr  Mrs  Miss  Ms  Other  If other, please specify

Surname

Given Names

Postal Address  Post Code

E-Mail  Mobile  Daytime Phone

**Owner Details** (If multiple owners, please set out information in relation to others on a separate page, and attach it)

Date of Birth (dd/mm/yyyy)   Mr  Mrs  Miss  Ms  Other  If other, please specify

Surname

Given Names

Postal Address

E-Mail  Mobile  Daytime Phone

**Disputed Invoice #1** (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice  or Part Invoice

Date of Invoice (dd/mm/yyyy)

Date Invoice Received (dd/mm/yyyy)  
(if different to date of invoice)

For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Brief description of nature of dispute

Disputed Amount

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

Signature  Date (dd/mm/yyyy)

By signing this application I agree that the information provided above is true and correct.



**Disputed Invoice #2** (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice  or Part Invoice

For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Brief description of nature of dispute

Disputed Amount

Date Invoice Received (dd/mm/yyyy)  
(if different to date of invoice)

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

By signing this application I agree that the information provided above is true and correct.

Signature

Date (dd/mm/yyyy)

**Disputed Invoice #3** (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice  or Part Invoice

For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Brief description of nature of dispute

Disputed Amount

Date Invoice Received (dd/mm/yyyy)  
(if different to date of invoice)

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

By signing this application I agree that the information provided above is true and correct.

Signature

Date (dd/mm/yyyy)

In the event that greater than 3 Invoices are disputed, please attach the same information referred to above in respect of additional invoices