



A filling fee of \$250 must be paid at the time of lodging this form. A copy of this form must also be provided to the other party to the dispute

Payment Method

Please indicate payment method for the filling fee Credit Card Cheque

Credit Card or Debit Authority Cardholder's Name

CVN (back of the card) Amex AVN (front of card)

Card Number (Visa, Mastercard and American Express)

Expiry

Total Amount

Cardholder's Signature

Payable to Racing Australia who will remit the fee to the relevant Principal Racing Authority and forward it a copy of this Form.

Upon receipt from Racing Australia, the Principal Racing Authority will inform the trainer or owner who is the other party to the dispute subject of this Notice. From that point, all further enquiries regarding this Notice should then be directed to the relevant Principal Racing Authority allocated the dispute.

Date (dd/mm/yyyy)

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 horses, 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



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

Please clearly indicate either the full amount of the invoice being claimed or disputed, or if the full amount is not being claimed or is not in dispute, please clearly indicate the amount and items of the invoice being claimed or disputed. If the dispute relates to more than three invoices, please set out information in relation to the others on a separate page, and attach it.

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

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

Disputed Amount

If you require more space please attach and clearly mark additional pages.

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

Please clearly indicate either the full amount of the invoice being claimed or disputed, or if the full amount is not being claimed or is not in dispute, please clearly indicate the amount and items of the invoice being claimed or disputed. If the dispute relates to more than three invoices, please set out information in relation to the others on a separate page, and attach it.

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

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

Disputed Amount

If you require more space please attach and clearly mark additional pages.

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

Please clearly indicate either the full amount of the invoice being claimed or disputed, or if the full amount is not being claimed or is not in dispute, please clearly indicate the amount and items of the invoice being claimed or disputed. If the dispute relates to more than three invoices, please set out information in relation to the others on a separate page, and attach it.

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

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

Disputed Amount

If you require more space please attach and clearly mark additional pages.

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

Declaration

DECLARATION - IMPORTANT - MUST SIGN

- I confirm that I am lodging this Notice of Election of Hearing Form within 14 days from when I issued / was issued with [cross out whichever is not applicable] the Dispute Notice in relation to the invoices identified in this form.
- I confirm that the information in this form is true and correct.

Signature _____

Date (dd/mm/yyyy)