



A copy of this form must also be provided to the Owner identified on the form.

Trainer Details

Date of Birth Mr Mrs Miss Ms Other If other, please specify

Surname of Trainer

Given Names of Trainer

Postal Address Post Code

E-Mail Mobile Daytime Phone

What action are you seeking (see TOR Rule 6)? Please tick the box or boxes which apply - you can select 1,2, or 3 boxes.

- That Racing Australia does not process any attempt for the horse to be transferred to another Trainer. (Please note, you can only seek this action if the Owner that you claim owes you Training Fees and/or Training Disbursements owns a share of 50% or more of the horse.)
- That Racing Australia does not process any attempt to transfer the Owner's ownership interest in the horse.
- That Racing Australia notify the relevant PRA/s with a request to freeze the payment of any prizemoney that would otherwise go to the Owner, and pay it to you.

If more than one Invoice is outstanding, please complete separate Invoice details below for each outstanding Invoice in respect of which the "presumption of a training debt" has arisen under the Rules of Racing

Invoice #1 Details Remember to attach copy of the outstanding Invoice.

Date of Invoice (must be after 1 August 2017)

Date of issue of Invoice (if different to date of invoice)

Has a Dispute Notice been served by the Owner? Yes No

Outstanding amount \$

Please clearly indicate if the full amount of the Invoice is being claimed. If the full amount is not being claimed, please clearly indicate the amount and items of the Invoice being claimed.

Full Amount OR Part Amount

Invoice Number

Please nominate the account to which you would like the amount outstanding paid.

Monies paid to be paid to your current prizemoney account (tick if applicable)

OR

Other Account (tick if applicable)

Other Account Name

Other Account Number

Other Account BSB

Invoice #2 Details Remember to send a copy of the outstanding Invoice.

Date of Invoice (must be after 1 August 2017)

Date of issue of Invoice (if different to date of invoice)

Has a Dispute Notice been served by the Owner? Yes No

Outstanding amount \$

Please clearly indicate if the full amount of the Invoice is being claimed. If the full amount is not being claimed, please clearly indicate the amount and items of the Invoice being claimed.

Full Amount OR Part Amount

Invoice Number

Please nominate the account to which you would like the amount outstanding paid.

Monies paid to be paid to your current prizemoney account (tick if applicable)

OR

Other Account (tick if applicable)

Other Account Name

Other Account Number

Other Account BSB



Invoice #3 Details Remember to send a copy of the outstanding invoice.

Date of Invoice (must be after 1 August 2017)

Date of issue of Invoice (if different to date of invoice)

Has a Dispute Notice been served by the Owner? Yes No

Outstanding amount \$

Please clearly indicate if the full amount of the Invoice is being claimed. If the full amount is not being claimed, please clearly indicate the amount and items of the Invoice being claimed.

Full Amount OR Part Amount

Invoice Number

Please nominate the account to which you would like the amount outstanding paid.

Monies paid to be paid to your current prizemoney account (tick if applicable)

OR

Other Account (tick if applicable)

Other Account Name

Other Account Number

Other Account BSB

Owner Details

Please tick Individual Owner Registered Syndiccate Company or Stud

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

Date of Birth If other, please specify
Mr Mrs Miss Ms Other

Surname of Owner / Registered Syndicate Name / Company Name / Stud Name

Given Names of Owner / Full Name of Registered Syndicate Manager / Company Representative / Stud Representative

Postal Address Post Code

E-Mail Mobile Daytime Phone

Fees Notice

A Fees Notice was issued Date

Managing owner acceptance date

Template Fees Notice used **OR** Alternative Fees Notice used

A copy of the Fees Notice can be supplied upon request

Additional Comments

Training Agreement

Standard Training Agreement used **OR**

Alternative Training Agreement used Date

A copy of the Training Agreement can be supplied upon request

Additional Comments

Trainer Declaration

DECLARATION - IMPORTANT - TRAINER OR AUTHORISED REPRESENTATIVE OF THE TRAINER MUST SIGN

I, _____, declare that:

- I am over the age of 18 years.
- The Invoice/s identified on this form (a copy of which is attached to it) has been issued in accordance with TOR Rule 4(1).
- I have not been served with a Dispute Notice in relation to the Invoice/s identified on this form (or for a partly paid Invoice/s, in respect of the amount of the Invoice/s identified above as being due and payable to me).
- The Invoice/s identified on this form (or for a partly paid Invoice/s, the amount of the Invoice/s identified above as being due and payable to me), has not been paid to me as of the date of this declaration.
- I am authorised to sign this form on behalf of the Trainer, and I indemnify Racing Australia against any claim, loss, damage, liability, cost or expense in connection with me signing this form if it is established I did not have that authority. (This part of the declaration does not relate to a Trainer who signs this form in his or her own right.)
- The information contained on this form is true and correct to the best of my knowledge.

Signature

Date