

LEASE CANCELLATION

lorse Name							Suffix
Dam						Foaling Date	
longging Loggoo							
lanaging Lessee							
s Managing Lessee I, orrect and confirm:				, declare	the details of th	e Lease Cancell	ation are true and
_	the Meneria		or) and all la	accord the l	anna Canaallat	ion	
					ease Cancellat	ent or any other v	alid writtop
ownership agi	reement (as a	pplicable) in r	espect of the	Lease Cance	llation.		
ignature Managing Lesse	e		Dat	e of Cancellatio	on		
	t Name	S	lignature	۷	Vitness Name	Witr	ess Signature
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eturn completed forms to R	acing NSW						

Phone 02 9551 7500 Fax 02 9551 7587

Email leases@racingnsw.com.au

Office Use Only

Endorsed on (Date)							