

Racing NSW Level 7, 51 Druitt Street Sydney NSW 2000 ABN: 86 281 604 417

## **CHANGE OF CONTACT DETAILS FORM**

SURNAME :																				
FIRST NAMES:																				
OR COMPANY OR:																				
SYNDICATE:																				
Please tick (mark more than one where applicable – e.g Trainer and Owner)   TRAINER JOCKEY/APPRENTICE   STABLEHAND/FOREPERSON																				
RIDERS AGENT		[	В	00	KMA	KE	२				BC	OK	MAK	ER	S CI	ER	K			
	OWNER OF REG OTHER: COLOURS Please						se Sp	ecify	,	 										
SECTION 1: Personal	l De	tail	<u>s</u>																	
NEW RESIDENTIAL																				
ADDRESS:																				
NEW POSTAL ADDRESS:																				
NEW HOME TELEPHONE	:																			
NEW WORK TELEPHONE:																				
NEW MOBILE:																				
NEW EMAIL:																				
NEW FAX:																				
TRAINERS - COMPLETE IF APPLICABLE																				
NEW STABLE																				
ADDRESS:																				
Proof of ownership of stables or correspondence from owner confirming the agreement to rent/lease the said stables is required to be submitted with this form.																				
NEW TRAINING VENUE:																				
A copy of the correspondence from the relevant Race Club confirming that you have permission to access the training facility above is required to be submitted with this form																				

## SECTION 2: Declaration

I certify that the information on this form is true and correct.

SIGNATURE

DATE

**OFFICE USE ONLY!** 

Input HORSES/REGO	Initials	Date	Input RFIU	Initials	Date