

Complete this form to authorise a person (the nominated agent) to complete and sign an official document on your behalf.

All fields of the form are required to be completed on your application. Where information is not provided your application may be delayed including acceptance of your mare return. Please complete all relevant details using BLOCK letters in black or blue pen.

PERSONAL DETAILS (When completing this section you are required to provide All the information requested below)

DATE OF BIRTH (dd/mm/yyyy)

Mr

Mrs

Miss

Ms

Other

If other, please specify

SURNAME OF OWNER

GIVEN NAMES OF OWNER

NAME OF REGISTERED SYNDICATE / FIRM / STUD / LESSEE / PARTNERSHIP/ COMPANY

POSTAL ADDRESS

Post Code

DAYTIME PHONE

MOBILE

EMAIL

#### NOMINATED AGENT

FULL NAME OF NOMINATED AGENT / STUD / COMPANY

DAYTIME PHONE

#### AUTHORITY DECLARATION

Please tick the box next to the document/s you authorise the nominated agent to sign.

Foal Ownership Declaration Form

Retirement or Death Notification Form

Unnamed Horse Transfer of Ownership

Unnamed Horse Change of Location

#### OWNERS DECLARATION

- I/We authorise the nominated agent to complete and sign the specified document/s above on my/our behalf for horses owned by me/us.
- I/We hereby certify the information I have provided on this form is true and correct.

SIGNATURE OF OWNER

DATE

SIGNATURE OF NOMINATED AGENT

DATE