

APPLICANT:

NEW ZEALAND THOROUGHBRED RACING INC

P O Box 38 386, WMC ❖ Telephone: (04) 576 6240 ❖ Fax: (04) 568 8866 Web: <u>www.nzracing.co.nz</u> Email: <u>licensing@nzracing.co.nz</u>

TRAINING PARTNERSHIP RELINQUISHMENT APPLICATION

(Under Rule 322 (3) of the Rules of Racing)

I acknowledge that I cannot relinquish my licence without the consent of NZTR who are entitled to accept this application, accept this application but imposing such terms as they think fit, or to decline this application.

This form must be completed to comply with Rule 322 (3) under NZTR Rules of Racing. All partners must sign.

Full Name:	
Colours to be issued to:	
Bank account to be applied:	
Horses to be trained:	
APPLICANT (Signature)DATE:	
APPLICANT:	
Full Name:	
Colours to be issued to:	
Bank account to be applied:	
Horses to be trained:	
APPLICANT (Signature)DATE:	
APPLICANT:	
Full Name:	
Colours to be issued to:	
Bank account to be applied:	
Horses to be trained:	
APPLICANT (Signature)DATE:	_