



APPLICATION FOR TRANSFER OF HORSE

All currently registered owners of this horse must sign below when any change occurs

FEES
G.S.T. INCLUSIVE

\$85

If the horse is to be sold this form of transfer must be completed and forwarded to HARNESS RACING NEW ZEALAND INC. within 14 days of purchase.

In the event of a contingency applying in respect of the sale a Joint Interest form must be completed and submitted with this Certificate for registration.

Parties are warned that Rules 418 and 419 apply to this transaction.

(N.B. - The transfer fee is payable by the purchaser)

It is an express condition of this application being accepted that the person making the same is bound by all the Rules of Harness Racing for the time being in force in New Zealand.

I, the undersigned, hereby make application to have this transfer recorded by Harness Racing New Zealand Inc. and agree to be bound by the Rules and Regulations of Harness Racing in force in New Zealand.

I wish to notify you that I have sold/disposed of:

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Sire:	Dam:	Age:	Date of Transaction:

(The date of transaction must be filled in by the VENDOR at the time of sale.)

VENDOR DETAILS

Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:
Name:	% of Ownership:	DOB:	Email:
Address:			Phone: Signature:

Witness to Signature:

Address of Witness:

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I, and the undersigned, hereby make application to have this transfer recorded by Harness Racing New Zealand Inc. and agree to be bound by the Rules and Regulations of Harness Racing in force in New Zealand.

I wish to notify you that I have purchased:

FEES
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\$85

Sire:

Dam:

Age:

Date of Transaction:

Accountable Person: Unless otherwise indicated the first listed owner will be the accountable person for this horse (refer HRNZ Rule 1701-1703)

PURCHASER DETAILS

Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:
Title:	Name:	% of Ownership:	DOB:	Email:	
Address:				Phone:	Signature:

Witness to Signature:

Address of Witness:

If purchaser has appeared before Law Courts and been convicted of any offence please give date and particulars.

Freeze Brand:

Microchipping:

HARNESS RACING PRIVACY

Your personal information is collected in order to process your application, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Your information is held at HRNZ Inc, 17 Birmingham Drive, Christchurch and is available to all Board Members, office holders and employees of HRNZ. You have the right to request access and to request correction of any of your personal details.

We publish the title, name initials, and last name of horse owners on our website, as well as on "My HRNZ". HRNZ also shares published information with agencies who are involved in the Harness Racing Industry (including clubs) that are approved by us to receive such data.

If you do not wish for your information to be shared with these third parties, please tick the box. ☐



PAYMENT OPTIONS

Name

Amount

Date

Signed

Via Website: Pay and view your account using '**MY HRNZ**' at www.hrnz.co.nz

Direct Credit: To Account No. **03-0802-0338257-000** using your 'Full Name' or 'Customer Number' as a reference.

Credit Card: ☐ Visa ☐ Mastercard

Card No:

Expiry Date:

Cardholder:

Signature: