



APPLICATION FOR APPROVAL FOR TRAINERS TO TRAIN IN PARTNERSHIP

Email admin@hrnz.co.nz

PART 1 : DETAIL OF EACH PROPOSED PARTNER

Full Name: D.O.B.

Address:

Occupation:

Holding of current	Public Trainer's licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Licence to Train	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Application for licensing pending	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Full Name: D.O.B.

Address:

Occupation:

Holding of current	Public Trainer's licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Licence to Train	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Application for licensing pending	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Full Name: D.O.B.

Address:

Occupation:

Holding of current	Public Trainer's licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Licence to Train	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Application for licensing pending	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART 2 : PRINCIPAL PARTNER

Name of Principal Partner: D.O.B.

Address of Principal Partner:

Occupation of Principal Partner:

PART 3 : SET OUT IN FULL THE ADDRESS WHERE PARTNERSHIP WILL CARRY ON BUSINESS

Owner of Address:

Address:

PART 4 : SET OUT FULL NAME, ADDRESS & OCCUPATION OF OTHER PERSONS USING BUSINESS PREMISES TO BE USED BY PARTNERSHIP

Full Name: Full Name:
Address: Address:
Occupation: Occupation:.....

Full Name: Full Name:
Address: Address:
Occupation: Occupation:.....

PART 5 : SET OUT FULL NAME, ADDRESS, OCCUPATION AND DATE OF BIRTH OF EVERY PERSON TO BE EMPLOYED OR ENGAGED BY THE PARTNERS

Full Name: D.O.B.....
Address:
Occupation:

Full Name: D.O.B.....
Address:
Occupation:

Full Name: D.O.B.....
Address:
Occupation:

Full Name: D.O.B.....
Address:
Occupation:

We the abovenamed partners and applicants to carry on business in partnership each confirm that we have read the Training Partnership Regulations and that the content of this application is true and correct:

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:





VERIFICATION OF PARTNERSHIP DETAILS

Email admin@hrnz.co.nz

NAME OF PARTNERSHIP _____

JOINT TRAINER DETAILS

BANK ACC

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GST NO.

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STABLE LOCALITY _____

RACING COLOURS _____

By signing this form -
I hereby declare the above particulars are true to the best of my knowledge and belief.

SIGNATURE OF PRINCIPAL PARTNER _____

Please return this form together with your Partnership Application Form.



PO Box 459, Christchurch 8140
Ph 03 964 1200 Email admin@hrnz.co.nz
www.hrnz.co.nz



DEFAULT SETTINGS FOR PAYMENT OF DRIVING / TRAINING FEES & PERCENTAGES

Email admin@hrnz.co.nz

Name of Licence Holder

Address

Date Signature

Driver Default Setting: (Please tick appropriate box)

- Always receives a payment
- Never receives a payment for any horse
- No payment if Driver is sole owner
- No payment if Driver is sole or part-owner (includes being a syndicate member)

Trainer Default Setting: (Please tick appropriate box)

- Always receives a payment
- Never receives a payment for any horse
- No payment if Trainer is sole owner
(for a training partnership the owners of the horse would need to be exactly the same people as those making up the partnership)
- No payment if Trainer is sole or part-owner (includes being a syndicate member)
(for a training partnership this would mean any one of the partners being involved in the ownership of the horse)

Note: If no advice is received to the contrary then Driving and/or Training Fees & Percentages will be paid in all instances where applicable.



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