



APPLICATION FOR TRANSFER OF HORSE

Email: admin@hrnz.co.nz

FEE
G.S.T. INCLUSIVE

\$85

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

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 of Harness Racing in force in New Zealand.

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

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			

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 of Harness Racing in force in New Zealand.

Witness to Signature

Address of Witness



I wish to notify you that I have purchased

Sire	Dam	Age	Date of Transaction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PURCHASER DETAILS

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

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

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

Freeze Brand

Microchip Number

HARNES RACING PRIVACY

Your personal information is collected to process your application, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Your information is held physically at HRNZ Inc, 114 Wrights Road, Christchurch, and electronically. Your information is available to all Board Members, office holders and employees of HRNZ. You have the right to request access to your personal information, 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 (www.hrnz.co.nz), 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. We will only disclose to agencies outside of New Zealand if we are satisfied that there are comparable privacy safeguards. If you do not wish for your information to be shared with third parties, please update your privacy settings by editing your profile on your My HRNZ login or contact HRNZ.



PAYMENT DETAILS

1. I have paid by bank deposit Amount paid \$ Date deposited

Harness Racing NZ bank account no. 030802 0338257 00 (Please use your name & customer number as a reference)

Please charge my Mastercard Visa

Payment amount \$

Card number

Expiry date

Cardholder name

Cardholder signature