

**APPLICATION FOR HRNZ BOARD APPROVAL FOR TRAINERS  
TO CARRY ON BUSINESS IN PARTNERSHIP**

**PART 1 : DETAIL OF EACH PROPOSED PARTNER**

Full Name: ..... D.O.B. ....

Address: .....

Occupation: .....

Holding of current	Public Trainer's licence	Yes/No
	Licence to Train	Yes/No
	Application for licensing pending	Yes/No

Full Name: ..... D.O.B. ....

Address: .....

Occupation: .....

Holding of current	Public Trainer's licence	Yes/No
	Licence to Train	Yes/No
	Application for licensing pending	Yes/No

Full Name: ..... D.O.B. ....

Address: .....

Occupation: .....

Holding of current	Public Trainer's licence	Yes/No
	Licence to Train	Yes/No
	Application for licensing pending	Yes/No

**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:.....

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**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**

**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.*



**DEFAULT SETTINGS FOR PAYMENT OF DRIVING & TRAINING FEES & PERCENTAGES**

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.