



HARNESS RACING SA LTD

PO Box 308, Port Adelaide SA 5015
 (2A McLaren Parade, Port Adelaide SA 5015)
 Telephone: (08) 8285 2899
 Facsimile: (08) 8250 5692

CLAIMING FORM (To Claim A Horse) R75-B

PLEASE ENSURE THAT BOTH SIDES OF THIS FORM ARE COMPLETED AND SIGNED

TO: SECRETARY _____

I/WE THE UNDERSIGNED HEREBY CLAIM THE HORSE _____

FROM THE _____ RACE AT _____ ON _____ FOR THE

SUM OF \$ _____.

I/WE HEREBY DESIGNATE _____ TO TAKE CHARGE OF THE HORSE IMMEDIATELY AFTER THE RACE IN THE EVENT THAT I/WE ARE THE SUCCESSFUL CLAIMANT. IN MAKING THIS CLAIM, I/WE CERTIFY THAT I/WE ARE CLAIMING THE ABOVE HORSE ON THE ACCOUNT OF THE PERSON/S SHOWN HEREUNDER AND I/WE HAVE DEPOSITED WITH THE SECRETARY OF THE CONDUCTING CLUB THE AMOUNT SHOWN ABOVE.

 (PRINT NAME)

 (SIGNATURE)

 (DATE)

CLAIMANTS (Please use block letters)

SUBJECT TO THE DIRECTIONS OF HARNESS RACING SA LTD THE FIRST NAMED PARTY IS DEEMED TO ACT ON BEHALF OF ALL CLAIMANTS FOR RACING PURPOSES			
MR MISS	MRS MS	SURNAME	GIVEN NAMES
RESIDENTIAL ADDRESS			DATE OF BIRTH
			POSTCODE
MR MISS	MRS MS	SURNAME	GIVEN NAMES
RESIDENTIAL ADDRESS			DATE OF BIRTH
			POSTCODE
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RESIDENTIAL ADDRESS			DATE OF BIRTH
			POSTCODE
MR MISS	MRS MS	SURNAME	GIVEN NAMES
RESIDENTIAL ADDRESS			DATE OF BIRTH
			POSTCODE

SYNDICATES

NOTE: Where a Syndicate name applies, insert the Syndicate name and the name and address of the Manager here:

SYNDICATE NAME			
MR	MRS	SURNAME OF SYNDICATE MANAGER	GIVEN NAMES
MISS	MS		
RESIDENTIAL ADDRESS			

DECLARATION

I/We hereby declare that I am/we are the only persons who have any interest whatsoever in this horse and I/we further declare that all particulars contained on this form are true and correct.

I/We hereby agree to be bound by and comply with the Rules and Regulations of HRSA Ltd.

- 1. **SIGNED:** _____ **DATE:** _____
- 2. **SIGNED:** _____ **DATE:** _____
- 3. **SIGNED:** _____ **DATE:** _____
- 4. **SIGNED:** _____ **DATE:** _____
- 5. **SIGNED:** _____ **DATE:** _____
- 6. **SIGNED:** _____ **DATE:** _____
- 7. **SIGNED:** _____ **DATE:** _____
- 8. **SIGNED:** _____ **DATE:** _____
- 9. **SIGNED:** _____ **DATE:** _____
- 10. **SIGNED:** _____ **DATE:** _____

NOTE: In the event of this claim being successful, this document becomes and forms part of the Transfer of Ownership documents. This document must be signed by all claimants.