HARNESS RACING SA LTD

ABN 68 094 559 930

PO Box 1112, GAWLER SA 5118

Telephone: (08) 8285 0700
Email:saharness@saharness.org.au

AUTHORITY TO DISCUSS HARNESS RACING MATTERS

I, _____(date of birth) _____
(Full Name)
of _____
(Address)

hereby authorise:

_____ (date of birth) _____
(Full name) (must be over 18 years of age)

of _____
(Address)

to discuss any harness racing matters (including accounts queries) relating to my horse/s.

Please state relationship to Client: _____
(e.g. wife/husband/brother/sister)

Dated this _____ day of _____ 20____

Signed (HRSA Client): _____

Signed (Authorised person): _____

Witness: _____
(Name)

Address: _____

_____

Please note: this form does not permit the nominated person to sign on behalf of the client.
(a power of attorney is required)