REVISION - 02/10/2025

GAMBLING REGULATORY AUTHORITY

HORSE MOVEMENT

(Under the Rules of Racing)

NOTE:

The Trainer responsible for the Training Establishment must please complete this form accurately, in block letters.

FROM:

Name of Trainer: _____ Training Centre: _____

Signature: _____

NAME OF HORSE/ MICROCHIP NUMBER	SEX	DATE OF DEPARTURE

TO:

Name of Trainer: _____ Training Centre: _____

Signature: _____

NAME OF HORSE/ MICROCHIP NUMBER	SEX	DATE OF ARRIVAL

I certify that the above information is correct for all horses that entered my stables or left my stables.

SIGNATURE _____ **DATE:** _____

Gambling Regulatory Authority
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Fax: +230 213 1205 | Email: hrid@gra.mu | Website: http://gra.govmu.org/