REVISION – 02/10/2025

TRANSFER TEST REQUEST FORM

According to GRA Act section 15E (3)(d)(ii), the analysis and also cost associated to the sampling is to be at the cost of the trainer.

SN	Horse Name	Microchip No	Sex

REQUESTED BY:
Name of Trainer:
Signature:
Date:
Time:

Gambling Regulatory Authority
Level 12, Newton Tower, Sir William Newton Street, Port Louis, Mauritius | Tel: +230 214 9800 |
Fax: +230 213 1205 | Email: hrid@gra.mu | Website: http://gra.govmu.org/

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For office use:

RECOMMENDED BY CHIEF STIPENDIARY STEWARD
Name:
Signature:
Date:

RECEIVED BY:
Name:
Signature:
Date:
Time:
Payment of MUR_____ received

Samples will not be collected without prior payment. The GRA will notify the trainer of the scheduled date and time for the test.

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