

REGISTRATION OF HORSE

(Under the Rules of Racing)

HORSE DETAILS

Name (in BLOCK LETTERS):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of acquisition: _____

Passport No.: _____

NOTE:

1. All horses must be registered by their owners for the purpose of training and racing.
2. All owners must provide a proof of payment made for the acquisition of the horse.
3. All owners are required to hold a valid Personal Management Licence.

TRAINER DETAILS

Full Name:	Signature:	Date:
Estimated monthly keeps:		

HORSE DETAILS & MARKINGS - Horses must be Microchipped to be registered

COLOUR:		SEX:	
FOAL DATE:			
Hemisphere Born:	Southern <input type="checkbox"/>	Northern	<input type="checkbox"/>

MICROCHIP NUMBER	
-------------------------	--

Gambling Regulatory Authority

Level 12, Newton Tower, Sir William Newton Street, Port Louis, Mauritius | Tel: +230 260 2000 |
 Fax: +230 213 1205 | Email: hrid@gra.mu | Website: <http://gra.govmu.org/>

PLEASE INCLUDE COPY OF MICROCHIP CERTIFICATE - DECLARATION & SIGNATURE OF VET:

I hereby certify that the horse as described in this application has the above microchip details and that I have scanned the horse to validate that the chip details are correct. I have also checked the markings drawn for this horse on its passport and certify them to be true and correct.

VET Name:

SIGNATURE: Date:

Was the Horse Born in Mauritius? YES NO

Passport Attached? YES NO

DECLARATION BY OWNER/S

I / We hereby make an application to register the above-mentioned horse and certify that the particulars mentioned on this form are true and correct in every respect. I / We certify that I am / we are the recognised owners of the said horse. I / We understand that this Horse Registration is not a legal proof of Ownership but is for the purpose of Registration / Identification for training and racing. I / We understand that if any incorrect information is furnished on this application, the Gambling Regulatory Authority may cancel the registration, take disciplinary action against the applicant/s and/or disqualify the horse as it may deem necessary. I / We undertake to accept all the responsibilities of ownership, care and welfare of the horse identified above.

S/N	Owner Full Name	PML No.	Share (%)	Signature	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					