



HARNESS RACING VICTORIA



PO BOX 184, MOONEE PONDS, VICTORIA 3039

R75-B

Phone: (03) 8378 0200

Fax: (03) 9214 0699

Email: racing@hrv.org.au

CLAIMING FORM

(TO ENTER A CLAIM)

I/we the undersigned hereby claim _____
(Horse Name)

from race _____ at _____ on _____ for the sum
(Number) (Track) (Date)

of \$ _____ plus GST if applicable.
(Amount)

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 made payment for the amount shown above to:

☐

Secretary of the conducting club via Cash and/or Bank Cheque (no Personal Cheques accepted)

☐

Direct to Harness Racing Victoria via EFT (must be paid by close of business day prior to claiming race and receipt of payment attached)

BSB: 013 497

Account Number: 837651657

Reference: Customer Code and/or Surname

I/we hereby designate _____ to take
charge of the horse immediately after the race in the event that I/we are the successful claimant.

AUTHORITY TO ACT AS AGENT IN CLAIM

(ONLY to be completed where a person is appointed
as an agent to act on behalf of the claimant)

CLAIMANT

SURNAME _____ GIVEN NAME _____

ADDRESS _____ PHONE NUMBER _____

I give permission to the agent/person indicated below to act on my behalf and submit a claim for the above named horse at the race meeting to be conducted on _____
(Date)

SIGNED _____ DATE _____

AGENT/PERSON

SURNAME _____ GIVEN NAME _____

ADDRESS _____ PHONE NUMBER _____

SIGNED _____ DATE _____

CLAIMANTS

(PLEASE USE BLOCK LETTERS)

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.

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

SUBJECT TO THE DIRECTIONS OF THE CONTROLLING BODY THE FIRST NAMED PARTY IS DEEMED TO ACT ON BEHALF OF ALL CLAIMANTS FOR RACING PURPOSES		
SURNAME	GIVEN NAMES	DATE OF BIRTH
RESIDENTIAL ADDRESS		POSTCODE
PHONE NUMBER	SIGNATURE	

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RESIDENTIAL ADDRESS		POSTCODE
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PHONE NUMBER	SIGNATURE	

SURNAME	GIVEN NAMES	DATE OF BIRTH
RESIDENTIAL ADDRESS		POSTCODE
PHONE NUMBER	SIGNATURE	

NOTE: Where syndicate, group or assumed name applies, insert name and address here

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PRIZE MONEY BANKING DETAILS

This section must be completed to enable prize money to be paid to you. A bank account number is required for depositing prize monies. By signing this form you indicate acceptance of prize monies being deposited into the stated bank account.

Bank (eg ANZ): _____

Branch (eg Albury): _____

Bank & Branch No ('BSB'): _____

Account No: _____

Name of Account (eg A & B Smith): _____