

Return form to: Postal PO Box 184 Moonee Ponds, Vic 3039 Australia, info@hrv.org.au

Betting Account Policy & Declaration 2025/2026

(Given Name and Surname)				(Licence Type)				
Place a tick next to only C	NE (1) of the follow	ving sections ie. eithe	r A, B or C :					
PART A*								
i. I declare that I have no betting ii. I undertake to immediately mak I understand that if I fail to do so iii. I acknowledge that the HRV Inte iv. I consent to this declaration bein	te and submit a further decl o, it may result in action be egrity Services Department	laration if I open a new betting a ling taken against me under the may conduct an audit or other i	account in my name after Australian Harness Racir	submitting this declaration. g Rules or Victorian Local Rules.	(TICK)			
OR:								
PART B*								
I further declare that all existing that if I fail to declare all betting Victorian Local Rules.	g betting accounts held in n g accounts held in my name	ny name are listed below and the e, it may result in action being ta	at the details I have provi ken against me under th	e located within or outside of Vic ded below are true and correct. I e Australian Harness Racing Rule	understan			
I understand that if I fail to do so v. I acknowledge that the HRV Inte	mediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration. If I fail to do so, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules. In the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration declaration being forwarded to the Racing Integrity Commissioner.			Rules or Victorian Local Rules.	(TICK)			
Wagering Service Provider		Name of	Account Holder*					
OR:								
PART C*	s declaration. I have either	opened or closed a betting acco	unt held in my name with	n a bookmaker.	(TICK)			
PART C* i. I declare that, since my previous totalisator or betting exchange I ii. I further declare that the details iii. I undertake to immediately make	located within or outside of s of the opened or closed ac e and submit a further decla I fail to do so, it may result egrity Services Department	Victoria. ecount(s) is listed below and that ration if I open a new betting acc in action being taken against me may conduct an audit or other i	t the details I have provid count or close an account under the Australian Hari	ed below are true and correct. held in my name after submitting ness Racing Rules or Victorian Loo	this			
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DECLARANT AC	KNOWLEDGMENT							
I acknowledge that as a licensee I have read and understood this Betting Account Policy & Declaration form and that I must comply with its requirements. I understand that if I fail to do so, then it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.								
DECLARANT – Mus	t be completed							
Name				Date of Birth				
Name				Date of Birtii				
Signature				Date				
WITNESS - Must	be Completed							
Witness Name								
witness name								
Witness Signature								
Witness position or	relationship to Declarant:							
				Date				
REVIEW OF DEC	LARATION							
I have reviewed and	noted the Declaration.							
Name of Reviewer:								
Signature								
Decition								
Position								
				Date				