



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

# Betting Account Policy & Declaration 2026/2027

I,

(Given Name and Surname) (Licence Type)

Place a tick next to only ONE (1) of the following sections ie. either A, B or C :

### PART A\*

- i. I declare that I have **no betting accounts in my name** with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- ii. I undertake to immediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration. I understand that 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.
- iii. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration
- iv. I consent to this declaration being forwarded to the Racing Integrity Commissioner

(TICK)

OR:

### PART B\*

- i. I declare that **I have one or more betting accounts in my name** with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- ii. I further declare that all existing betting accounts held in my name are listed below and that the details I have provided below are true and correct. I understand that if I fail to declare all betting accounts held in my name, it may result in action being taken against me under the Australian Harness Racing Rules or Victorian Local Rules.
- iii. I undertake to immediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration. I understand that 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.
- iv. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration
- v. I consent to this declaration being forwarded to the Racing Integrity Commissioner.

(TICK)

#### Wagering Service Provider

#### Name of Account Holder\*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OR:

### PART C\*

- i. I declare that, since my previous declaration, I have either opened or closed a betting account held in my name with a bookmaker, totalisator or betting exchange located within or outside of Victoria.
- ii. I further declare that the details of the opened or closed account(s) is listed below and that the details I have provided below are true and correct.
- iii. I undertake to immediately make and submit a further declaration if I open a new betting account or close an account held in my name after submitting this declaration. I understand that 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.
- iv. I acknowledge that the HRV Integrity Services Department may conduct an audit or other means of verification relating to this declaration.
- v. I consent to this declaration being forwarded to the Racing Integrity Commissioner.

(TICK)

#### Wagering Service Provider

#### Is account Open or Closed? Date

#### Name of Account Holder\* (write 'SELF' if account is held in the name of the declarant)

Wagering Service Provider	Is account Open or Closed?	Date	Name of Account Holder*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DECLARANT ACKNOWLEDGMENT

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** – Must be completed

Name

Date of Birth

Signature

Date

## WITNESS – Must be Completed

Witness Name

Witness Signature

Witness position or relationship to Declarant:

Date

## REVIEW OF DECLARATION

**I have reviewed and noted the Declaration.**

Name of Reviewer:

Signature

Position

Date