

UPDATE REGISTERED PARTNERSHIP DETAILS



This form is to be completed to update the details of your registered partnership.

Clause 15(2) of the Greyhound Racing Regulations 2019 provides authority for the Commission to ask you for information when you have a change in your details.

Partnership registration number

Update Partnership Manager contact details

☐ Mr
 ☐ Mrs
 ☐ Miss
 ☐ Ms
 ☐ Dr
 ☐ Other

First name

Surname

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Email address

Preferred contact method

☐ Email
 ☐ SMS
 ☐ Mobile
 ☐ Home
 ☐ Post

Receive SMS alerts

☐ Yes
 ☐ No

Updated physical address

Address

Suburb

State

Postcode

Updated Postal address (if different to residential address)

Address

Suburb

State

Postcode

Signature of Partnership Manager

Date

 / /



Change of ownership percentage for partnership members

1. Every Partnership Member must sign the document personally and state their percentage of ownership
2. The total percentage of all members must equal 100%

We, the undersigned, agree that we have read the Rules of Greyhound Racing and the terms and conditions of this application and agree to be part of this partnership and also agree to the appointment of the nominated Partnership Manager.

	First name	Surname	% of ownership	Signature	Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Total %			<input type="text"/>		

Please submit this completed form to GWIC by either:

- **Email** - registration@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.