

RACING AND WAGERING WESTERN AUSTRALIA EPONA CLAIM FORM

CLAIMANT DETAILS		
Name		
Address		
Telephone		ail
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	sentative from the Stud farm.	
SERVICE DETAILS		
Mare Name		
Stallion Name		
Stud Name		
Date of Service		
Studmaster Name		
Studmaster Email		
Studmaster Phone		
Invoice Amount (Prior to GST*)		
*GST registered participa	ants will be reimbursed GST paid.	
Please ensure you	have attached:	
A tax invoice f	from the Stud made out to RWWA for service	of the mare for which the claim is being made.
A copy of a 45	day positive pregnancy declaration from a re	gistered stud with RWWA OR registered veterinarian.
DECLARATION		
I declare that the detai	ils above are true and accurate, and meets the	e criteria set out in the EPONA Conditions.
Claimant Signature		Date//

Please forward your completed forms to Racing and Wagering Western Australia via to <u>licreginfo@rwwa.com.au</u>, or post to 14Hasler Road, Osborne Park WA 6017.



OFFICE USE ONLY

Date Received				Pl Number	
Attachments Bassinad	Tax Invoice	YES / NO Comment:			
Attachments Received	45 Day Positive Pregnancy Declaration	YES / NO Comment:			
Available EPONA Bonus	\$				
Amount this Claim	\$				
Bonus Checked and Processed					
Date Processed				Authorising Signature	