



RACING AND WAGERING WESTERN AUSTRALIA
 ABN 21 347 055 603

Licensing & Registrations
 14 Hasler Road Osborne Park WA 6017
 Telephone (08) 9445 5558
 Facsimile (08) 6314 4792
 Email: licreginfo@rwwa.com.au

FEE \$54.00



**NOTIFICATION OF CHANGE TO
 SYNDICATE MEMBERSHIP**
 (OTHER THAN A COMPANY SYNDICATE)



If transferring, Part C (including the Member Declaration) to be completed by Incoming Member.
 If relinquishing, the percentage of membership held by the Outgoing Member shall be redistributed evenly amongst remaining members unless otherwise instructed in writing by the Outgoing Member and Manager,

SYNDICATE NAME:

PART A: (OUTGOING MEMBER)

Mr/Mrs/Ms/Miss

SURNAME

GIVEN NAMES

TELEPHONE NUMBER (BUSINESS HOURS)

HEREBY NOTIFY THAT I AM RELINQUISHING/TRANSFERRING TO _____
NAME OF PERSON RECEIVING SHARE (IF APPLICABLE)
 MY MEMBERSHIP AND SHARE OF _____
PERCENTAGE/NO. OF SHARES **WITHIN THE ABOVENAMED SYNDICATE.**

NAME OF OUTGOING MEMBER (PLEASE PRINT IN BLOCK LETTERS):

SIGNATURE OF OUTGOING MEMBER:

DATE:

PART B: (MANAGER)

I HEREBY ACKNOWLEDGE THAT THE ABOVENAMED MEMBER IS RELINQUISHING/TRANSFERRING THEIR MEMBERSHIP OF THE ABOVENAMED SYNDICATE AS INDICATED ABOVE AS PER ATTACHED CORRESPONDENCE SIGNED BY THE OUTGOING MEMBER AND MYSELF.

Mr/Mrs/Ms/Miss

SURNAME

GIVEN NAMES

TELEPHONE NUMBER (BUSINESS HOURS)

POSTAL ADDRESS:

NO:

STREET

SUBURB

POST CODE

EMAIL ADDRESS:

@

SIGNATURE OF SYNDICATE MANAGER:

DATE:

PART C: (INCOMING MEMBER)

I HEREBY ACKNOWLEDGE THAT I AM ASSUMING MEMBERSHIP AND SHARE WITHIN THE ABOVE NAMED SYNDICATE.

PLEASE PRINT IN BLOCK LETTERS

Mr/Mrs/Ms/Miss

SURNAME

GIVEN NAMES

TELEPHONE NUMBER (BUSINESS HOURS)

DATE OF BIRTH:

POSTAL ADDRESS:

No:

STREET

SUBURB

POST CODE

EMAIL ADDRESS:

@

MEMBERS DECLARATION:

AS A SIGNATORY TO THIS APPLICATION I DECLARE THAT I AM OVER 18-YEARS OF AGE AND AM NOT UNDISCHARGED, BANKRUPT OR DISQUALIFIED UNDER ANY RULES OF RACING AND FURTHER DECLARE THAT I HAVE READ AND AGREE IN ALL RESPECTS TO BE BOUND AND COMPLY WITH THE RWWA RULES OF THOROUGHBRED RACING. I FURTHER AGREE THAT IF I HAVE BEEN CONVICTED OF OR HAVE A PENDING CHARGE AGAINST ME FOR A CRIMINAL OFFENCE OR HAVE BEEN CONVICTED OF AN OFFENCE UNDER THE RWWA RULES OF RACING (THOROUGHBRED, HARNESS OR GREYHOUND) OR THE RULES OF ANY OTHER RACING JURISDICTION IN THE PAST TEN YEARS, I WILL NOTIFY THE DEPUTY REGISTRAR IN WRITING WITH THIS APPLICATION AND AGREE THAT SUCH NOTIFICATION MUST INCLUDE FULL DETAILS OF THE CONDUCT IN QUESTION.

Signature of Incoming Member

Date

NUMBER OF EQUAL SHARES IN THE SYNDICATE: _____

NUMBER OF SHARES TO BE OWNED BY INCOMING MEMBER: _____

TOTAL MONTHLY FEE PAID BY INCOMING MEMBER EACH MONTH \$ _____ OF WHICH NOT MORE THAN

\$ _____ SHALL BE PAID TO THE MANAGER FOR HIS/HER SERVICE.



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GST DECLARATION

Must be completed

FULL NAME

Form with three columns: Harness (checkbox, image of horse and jockey), Thoroughbred (checkbox, image of horse), Greyhound (checkbox, image of dog). Includes instruction: Please tick where applicable.

Section A:

Are you a resident of Australia for income taxation purposes? [] Yes Go to section B [] No Go to section D

If you have answered No, then we are obligated to withhold amounts under the Foreign Resident Withholding provisions.

Section B:

Is the horse racing activity conducted as a private recreational pursuit or hobby?

[] Yes Go to section D [] No Go to section C

If you have answered Yes, an ABN cannot be provided and you must declare yourself as a Hobbyist.

Section C:

Where the participant is GST registered the following agreement is given:

AGREEMENT FOR THE ISSUE OF RECIPIENT CREATED TAX INVOICES

Between
Racing and Wagering Western Australia ("Recipient") ABN: 21 347 055 603 14 Hasler Road, OSBORNE PARK WA 6017

And
The Signatory (referred to as the "Supplier")

Terms and Conditions

- The Supplier and Recipient agree that:
1. The Recipient may issue tax invoices in respect of supplies made by the Supplier;
2. The Supplier may not issue tax invoices in respect of supplies made by the Supplier;
3. The Supplier acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Recipient if it ceases to be registered; and
4. The Recipient acknowledges that it is registered for GST when it enters into this Agreement and it will notify the Supplier if it ceases to be registered; and

When you sign this GST Declaration, you are taken to have read this Agreement and agreed to the terms and conditions outlined above.

Form for ABN-related information: ABN - related to the horse industry (Applicable for Businesses), ABN No: [grid], Start Date ___/___/___, GST Reg. [checked] Yes [] No

Should your Hobby/ABN and/or GST registration status change at any time, you must notify us of your new status immediately to enable us to make the correct payments. Should you require clarification on these entity types or taxation rulings, please refer to the ATO website.

Section D: (must be completed by all)

Australian Bank Account Details)

Form for Australian Bank Account Details: Account Name:, Name of Bank, Branch....., BSB: [grid], Account Number [grid]

Signature

Date ___/___/___

RWWA Privacy Policy

Please refer to RWWA's Privacy Policy on www.rwwa.com.au



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ABN 21 347 055 603

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14 Hasler Rd Osborne Park 6017

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HOW TO PAY

Phone





Please call the telephone number on your document

Or


Credit Card

Accepted Credit Cards:

Please complete the details below then detach the slip and return it with your completed application

Detach and Return with your application



RACING AND WAGERING WESTERN AUSTRALIA

CREDIT CARD AUTHORISATION SLIP

Credit Card Type please tick VISA MASTERCARD

Card No.					Card Expiry Date /
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Name on Card _____ Amount \$ _____

Card Holders Signature _____ Date _____

I agree to RWAA charging my credit card account for the amount shown above

Contact Telephone Number. _____