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| Use this form to apply for or renew your registration of a greyhound syndicateSee the [greyhound racing](https://nt.gov.au/industry/gambling/racing/greyhound-racing/introduction) webpage for further information on applicant requirements. |
| **Application details** |
| New [ ]  Renewal [ ]  |
| We hereby make application for registration of the below named Syndicate and in consideration of the Commission granting such application, we hereby agree that the Commission (in its absolute discretion and without being in any way bound to do so) at any time and from time to time may treat, the person identified in this form as the syndicate manager, as Manager for the purposes of the rules and decisions of the Commission as if such Manager were the sole owner and/or as the sole representative of the Syndicate in relation to any greyhound in respect of which the Syndicate may be the nominator or may have a propriety interest whether as owner, lessee or otherwise or have or exercise as right of control or disposition and notwithstanding any change or changes which may occur in the constitution of the Syndicate. |
| **Existing Syndicate details** |
| Syndicate Name |  |
| Syndicate ID |  |
| **New syndicate –** List preferred syndicate names |
| 1st Choice |  | 2nd Choice |  |
| 3rd Choice |  | 4th Choice |  |
| 5th Choice |  | 6th Choice |  |
| 7th Choice |  | 8th Choice |  |
| **Syndicate member details**  |
| **Syndicate member 1 – Manager** |
| Full Name |  |
| Residential Address  |  |
| Date of Birth |  | Contact Number |  |
| Email address |  |
| I hereby confirm my nomination as Manager:  |
| Signature |  | Date |  |
| **Syndicate member 2** |
| Full Name |  |
| Residential Address  |  |
| Date of Birth |  | Contact Number |  |
| **Syndicate member 3** |
| Full Name |  |
| Residential Address  |  |
| Date of Birth |  | Contact Number |  |
| **Syndicate member 4** |
| Full Name |  |
| Residential Address  |  |
| Date of Birth |  | Contact Number |  |
| **Disclosures** |
| **Syndicate member 1 – Manager** |
| Have you ever previously been registered as an owner, trainer, attendant, spokesman, bookmaker or bookmaker’s key employee? If yes, state in which capacity you were registered and by whom below | Yes[ ]  No[ ]  |
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| Are any of the named greyhounds held on lease by you or the syndicate? If yes, state name(s) of greyhounds and owner(s) below | Yes[ ]  No[ ]  |
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| Have you ever been disqualified, suspended, warned off, fined, listed as a defaulter or refused a licence by any racing authoring? If yes, provide details below | Yes[ ]  No[ ]  |
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| Have you ever been found guilty of an offence punishable by fine or imprisonment? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| **Syndicate member 2** |
| Have you ever previously been registered as an owner, trainer, attendant, spokesman, bookmaker or bookmaker’s key employee? If yes, state in which capacity you were registered and by whom below | Yes[ ]  No[ ]  |
|  |
| Are any of the named greyhounds held on lease by you or the syndicate? If yes, state name(s) of greyhounds and owner(s) below | Yes[ ]  No[ ]  |
|  |
| Have you ever been disqualified, suspended, warned off, fined, listed as a defaulter or refused a licence by any racing authoring? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| Have you ever been found guilty of an offence punishable by fine or imprisonment? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| **Syndicate member 3** |
| Have you ever previously been registered as an owner, trainer, attendant, spokesman, bookmaker or bookmaker’s key employee? If yes, state in which capacity you were registered and by whom below | Yes[ ]  No[ ]  |
|  |
| Are any of the named greyhounds held on lease by you or the syndicate? If yes, state name(s) of greyhounds and owner(s) below | Yes[ ]  No[ ]  |
|  |
| Have you ever been disqualified, suspended, warned off, fined, listed as a defaulter or refused a licence by any racing authoring? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| Have you ever been found guilty of an offence punishable by fine or imprisonment? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| **Syndicate member 4** |
| Have you ever previously been registered as an owner, trainer, attendant, spokesman, bookmaker or bookmaker’s key employee? If yes, state in which capacity you were registered and by whom below | Yes[ ]  No[ ]  |
|  |
| Are any of the named greyhounds held on lease by you or the syndicate? If yes, state name(s) of greyhounds and owner(s) below | Yes[ ]  No[ ]  |
|  |
| Have you ever been disqualified, suspended, warned off, fined, listed as a defaulter or refused a licence by any racing authoring? If yes, provide details below | Yes[ ]  No[ ]  |
|  |
| Have you ever been found guilty of an offence punishable by fine or imprisonment? If yes, provide details below | Yes[ ]  No[ ]  |
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| **Application Declaration**  |
| I hereby make application for registration as a syndicate with the Northern Territory Racing and Wagering Commission (Commission) and I acknowledge that any registration granted to me is subject to the following conditions: In signing this form you agree:1. to abide by any statutory legislation and rules adopted by the Commission with regards to the registration of greyhounds, and greyhound racing in general and, further, that you will comply with any decision or direction made by the Commission, or another person authorised to make such a decision or direction on behalf of the Commission; and
2. That no persons other than persons registered with the Commission or other approved Registration Authority shall at any time during the currency of this licence assist in the training or handling of greyhounds in my care; and
3. That I have read and agree to the objectives of the (Commission) [fit and proper test policy](https://nt.gov.au/__data/assets/pdf_file/0003/1132167/fit-and-proper-test-policy-northern-territory-racing-commission.pdf) (policy); and
4. That I undertake in the event of registration being granted to me to observe the following conditions when exercising greyhounds in a public street, park or place;
	1. such greyhounds shall be properly muzzled and on a leash; and
	2. one person shall not exercise more than four greyhounds at any one time; and
	3. no greyhound shall be exercised in any public park without the consent of the authority in control of that park; and; and
5. I agree to open the kennels for inspection at any time by an authorised officer of the Commission and I agree to notify the Commission forthwith of any change (temporary or otherwise) in the address of my kennels or residence; and
6. At the date of this application, the greyhounds mentioned below are registered in the syndicate’s as owner or lessee for which owner’s registration certificates are required; and
7. All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and
8. I have read and understood the information contained in this application and associated guidelines; and

I know that it is an offence to make a declaration that is false in any material particular |
| At the date of this application the undermentioned greyhound(s) for which Syndicate Registration are required, are registered in our names as Members of this Syndicate |
| **Name of greyhound(s)** | **Name and address of trainer(s)** |
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| **Applicant signed declaration** |
| Manager Signature |  | Date |  |
| Member 2 Signature |  | Date |  |
| Member 3 Signature |  | Date |  |
| Member 4 Signature |  | Date |  |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. |
| **Supporting documents check list**  |
| [Prescribed](https://nt.gov.au/industry/gambling/racing/greyhound-racing/fees) application fee attached. |[ ]
| Complete and signed declaration. |[ ]
| Attached a current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. |[ ]
| **Office use only** |
| Date received |  | Receipt number |  |
| **Privacy Statement** |
| The Department of Industry, Tourism and Trade respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the [Northern Territory Information Act 2002](https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002).You have been asked to provide personal information as part of your application. You do not have to provide your personal information but if you choose not to, the NT Racing and Wagering Commission may be unable to accept or process your request. We may share your information:* If required or authorised by law to do so
* If you have given us your consent to share your personal information for a specific purpose.

Find out more about how we handle your personal information by reading the Departments [privacy policy](https://industry.nt.gov.au/publications/corporate/privacy-policy). |
| **Lodgement** |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: |
| Darwin: | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah |
| Katherine: | Big Rivers Government Centre, 5 First Street, Katherine |
| Tennant Creek: | Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek |
| Alice Springs: | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs |
| 1800 193 111 | territorybusinesscentre@nt.gov.au  | GPO Box 9800 Darwin NT 0801 |
| **Payment details** |
| A fee is payable on lodgement of this application form. Payment can be made by: * Cash (in person only); or
* Cheque (made out to Receiver of Territory Monies); or
* Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.
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| Payment date: |  | Receipt number: |  | Amount paid: |  |