



(Harness)

Standardbred Claim Form (to enter a claim)

R75-B

Queries pertaining to payment of any Claim monies are to be directed to **RACING QUEENSLAND ON 07 3869 9777**

Name of Club:	Date of Meeting:
I/We the undersigned hereby claim the horse: horse name	
From race number:	For the sum of: \$

In making this claim, I/we certify that I/we are claiming the above horse on the account of the person/s shown hereunder and I/we have deposited with Racing Queensland or the Secretary of the conducting club the amount shown above.

I/We hereby designate name of person to take charge of the horse immediately after the race in the event that I/we are the successful claimant.

******* Pay the application fee as per the current fee schedule:**

<https://www.qric.qld.gov.au/licensing-and-ownership/schedule-of-fees-and-charges/>

HOW TO PAY

QRIC provides credit card payment through BPoint, an easy and secure online payment portal. Refer to the payment options on our website for details on how to make payment.

<https://www.qric.qld.gov.au/payment-options/>

DECLARATION

This is to clarify that, in the event this claim is successful, I/we have acquired the horse described hereon, and I/we hereby agree to abide by the Rules of Harness Racing. I/We hereby declare that I am/we are over the age of 18 and that I am/we are the only persons who have any interest whatsoever in this horse and I/we further declare that all particulars contained on this form are true and correct.

In the event of this claim being successful, this document becomes and forms part of the transfer documents as required by Rule 111 of the Rules of Harness Racing. This document must be signed by all claimants.

The first named party is deemed to be the Ownership Manager.

1.	MR MRS MISS	SURNAME OR COMPANY NAME (MANAGER)	GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS					SIGNATURE

2.	MR MRS MISS	SURNAME OR COMPANY NAME	GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS					SIGNATURE

3.	MR MRS MISS	SURNAME OR COMPANY NAME	GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS					SIGNATURE

QRIC/2016/2848 V1.02

Refer to the Commission's privacy policy on our website.

Queensland Racing Integrity Commission
ABN: 64 838 583 571
PO Box 15666
CITY EAST QLD 4002

Phone: 1300 087 021
Email: licensing@qric.qld.gov.au
Website: www.qric.qld.gov.au

Office Hours: 8:30am to
4:00pm, Mon-Fri
Closed public holidays



Owner's continued

4. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

5. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

6. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

7. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

8. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

9. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

10. MR MRS MISS	SURNAME OR COMPANY NAME		GIVEN NAMES		% OWNERSHIP
DATE OF BIRTH	HOME PHONE	MOBILE	EMAIL		
RESIDENTIAL ADDRESS				SIGNATURE	

QRIC/2016/2848 V1.02

Refer to the Commission's privacy policy on our website.

Queensland Racing Integrity Commission
ABN: 64 838 583 571
PO Box 15666
CITY EAST QLD 4002

Phone: 1300 087 021
Email: licensing@qric.qld.gov.au
Website: www.qric.qld.gov.au

Office Hours: 8:30am to
4:00pm, Mon-Fri
Closed public holidays