



AUCTION REGISTRATION APPLICATION

Note: all applicable parts of this Application must be completed prior to submission. Incomplete applications will not be eligible.

Section 1 - Applicant Details:

Applicant (Full Name/Legal Entity):

Applicant Structure: Syndicate Individual Company Partnership Trust Other:

Do you have an ACN? No Yes:
(Australian Company Number)

Do you have an ABN? No Yes:
(Australian Business Number)

Please **attach** certified copies of the following documents to your Application:

1. in the case of individuals, a certified copy of their driver's licence or passport; or
2. in the case of a company, an official extract of the company's ASIC record, dated no more than 14 days prior to the date on which the Application is submitted; or
3. in the case of a Trust, a certified copy of the Trust Deed, along with certified copies of any amendments or variations to the Trust Deed; or
4. in the case of a syndicate or partnership – the above documents as relevant to each of the members.

Phone:

Email:

Postal Address:

Postcode:

Section 2 - Applicant Party Details:

The below details **MUST** be completed by all parties to the Applicant. This includes:

1. every member of a Syndicate – if any member is a Company or Trust, these details must be included;
2. every director and shareholder of a company – if a shareholder is a Company or Trust, these details must be included;
3. every member of a partnership – if a shareholder is a Company or Trust, these details must be included; and
4. every trustee of a Trust – if a shareholder is a Company or Trust, these details must be included.

Party 1 – Manager/Contact Person for the Applicant:

Full Legal Name:

Date of Birth:

OR Not Applicable

Residential/Registered Address:

Phone:

Email:

Party 2

Full Legal Name:

Date of Birth:

OR Not Applicable

Residential/Registered Address:

Phone:

Email:



Party 3

Full Legal Name:

Date of Birth: OR Not Applicable

Residential/Registered Address:

Phone: Email:

Party 4

Full Legal Name:

Date of Birth: OR Not Applicable

Residential/Registered Address:

Phone: Email:

Note: If more than 4 parties, please complete an additional form and submit with this Application.

Section 3 – Applicant & Party Acknowledgement

By signing this Application, the Applicant and each Party to the Applicant hereby acknowledges and agrees that:

- (a) they have read and agree to be bound to the KOTM Terms and Conditions;
- (b) the information provided in this Application is accurate, honest, true and correct and the Applicant will promptly notify the TTC of any changes to the details provided in this Application;
- (c) they have never:
 - (1) committed an offence against the Racing Act or the Racing Integrity Act or equivalent law in any other jurisdiction;
 - (2) committed an indictable offence, or a summary offence that involved dishonesty, fraud, stealing or unlawful betting, under any other Act or repealed Act; or
 - (3) committed an animal welfare offence;
- (d) they will not do (or fail to do) any act or thing which would bring the Race, the TTC or Racing Queensland into disrepute (in the opinion of the TTC or Racing Queensland);
- (e) they consent to the Toowoomba Turf Club (TTC) undertaking a police check or other relevant background check on them for the purposes of verifying information provided;
- (f) they consent to the TTC dealing with their personal information in accordance with their TTC’s Privacy Policy, available on the TTC website; and
- (g) they give consent and authority to the person nominated as Party 1 (Manager/Contact Person) to liaise with the TTC on behalf of themselves as a party to the Applicant.

Signed by Party 1 (Manager/Contact Person for the Applicant)

Signature: Date:

I acknowledge and agree to the KOTM Terms and Conditions and Acknowledgement above

Signed by Party 2

Signature:

Date:

I acknowledge and agree to the KOTM Terms and Conditions and Acknowledgement above

Signed by Party 3

Signature:

Date:

I acknowledge and agree to the KOTM Terms and Conditions and Acknowledgement above

Signed by Party 4

Signature:

Date:

I acknowledge and agree to the KOTM Terms and Conditions and Acknowledgement above

PAYMENT

Cash
 EFTPOS
 VISA
 Mastercard

CARD DETAILS

Card Number:

Expiry: _____ / _____ CCV: _____ Name on Card: _____

Signature: _____

Please return this form and payment to the Towoomba Turf Club
 Email: kotm@cliffordpark.com.au Fax: (07) 4633 1256
 Mail: PO BOX 6037, Towoomba West, QLD 4350