

UPDATE REGISTERED SYNDICATE DETAILS



This form is to be completed to update the details of your registered syndicate.

Clause 15(2) of the Greyhound Racing Regulations 2019 provides authority for the Commission to ask you for information when you have a change in your details.

Name of Syndicate	Syndicate registration number
<input type="text"/>	<input type="text"/>

Update Syndicate Manager contact details

Mr
 Mrs
 Miss
 Ms
 Dr
 Other

First name	Surname	Existing Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number/s		
Home	Mobile	Daytime
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Preferred contact method
 Email
 SMS
 Mobile
 Home
 Post

Receive SMS alerts
 Yes
 No

Secondary contact person

This person, who must be a member of this syndicate, will be contacted by the Commission should the syndicate manager become uncontactable.

First name	Surname	Existing Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
Postal address (if different from residential)		
<input type="text"/>		
Email address	Phone number	
<input type="text"/>	<input type="text"/>	



Add new syndicate member/s

New syndicate members must sign this document personally and include their GWIC ID number if they hold a current registration. Failure to include this information may delay processing of your application.

Please print additional pages of this form if more space is required.

We, the undersigned, agree

1. to be part of this syndicate;
2. to the appointment of the nominated Syndicate Manager.

Name	GWIC ID number (if registered)	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Telephone number	Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Residential Address		
<input style="width: 95%;" type="text"/>		
Signature	Date	
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Telephone number	Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Residential Address		
<input style="width: 95%;" type="text"/>		
Signature	Date	
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

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Telephone number	Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Residential Address		
<input style="width: 95%;" type="text"/>		
Signature	Date	
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Remove syndicate member/s

Syndicate members seeking to be removed must sign this document personally and include their GWIC ID number if they hold a current registration. Failure to include this information may delay processing of your application.

Please print additional pages of this form if more space is required.

We, the undersigned, agree to no longer be part of this syndicate.

Name	GWIC ID number (if registered)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone number	Email Address	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		

Name	GWIC ID number (if registered)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone number	Email Address	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		

Name	GWIC ID number (if registered)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone number	Email Address	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		

Signature of Syndicate Manager	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please submit this completed form to GWIC by either:

- **Email** - registration@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.