

APPLICATION FOR DUPLICATE GREYHOUND IDENTIFICATION CARD OR CERTIFICATE OF REGISTRATION



Statutory declaration

I,

of

In the State of New South Wales do solemnly and sincerely declare as follows:

THAT being the registered owner/trainer of the greyhound:

with earbrands

(Greyhound name) (Nearside / Offside)

I now wish to apply for a duplicate:

Greyhound Identification Card Certificate of Registration

as the original has been lost / destroyed (cross out which is not applicable).

I have made every effort to locate the card / certificate of the above mentioned greyhound and if recovered shall return same to GWIC.

Neither I nor the greyhound are at present the subject of any disqualification or suspension imposed by any Club or Controlling Authority in Australia or New Zealand, nor is the greyhound or myself the subject of any inquiry.

The greyhound is a maiden / performed greyhound (cross out which is not applicable).

The lost / destroyed certificate also contained the following endorsements (not applicable for Greyhound Identification Card):

Fighting Failing to Chase Other - give full details

If duplicate weight card is also required, please supply details of the greyhound's last four (4) starts:

Date	Track	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application fee

Credit card number details Visa MasterCard

Credit card no.

Expiry date /

Name on card

For current fees please go to www.gwic.nsw.gov.au or contact the GWIC office.

And I make this solemn declaration, as to the matter/s aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at:

on

 / /

(Place)

(Date)

In the presence of an authorised witness, who states:

(Signature of declarant)

I, a

(name of authorised witness) (qualification of authorised witness)

Certify the following matters concerning the making of this statutory declaration by the person who made it. (*please cross out any text that does not apply)

1. *I saw the face of the person OR * I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR * I have confirmed the person's identity using an identification document I relied on was:

(describe identification document relied on)

Signature

Date

 / /

(signature of authorised witness)

Please submit this completed form to GWIC:

- By email to registration@gwic.nsw.gov.au (applications lodged by email must be paid by credit card)
- By post addressed to: GWIC, PO Box 718, Bathurst NSW 2795
- In person at: Greyhound Welfare and Integrity Commission, Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact GWIC Customer Service team on 1800 951 755 or email registration@gwic.nsw.gov.au.