

APPLICATION FOR DUPLICATE IDENTIFICATION CARD



Statutory declaration

I,

of

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Owner Trainer | <input type="checkbox"/> Lessee |
| <input type="checkbox"/> Whelper | <input type="checkbox"/> Rearer | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Trainer | <input type="checkbox"/> Breeder | <input type="checkbox"/> Attendant |
| <input type="checkbox"/> Greyhound Health Assistant | <input type="checkbox"/> Bookmaker | <input type="checkbox"/> Bookmaker Clerk |
| <input type="checkbox"/> Trial Track Manager | <input type="checkbox"/> Trial Track Assistant Manager | <input type="checkbox"/> Greyhound Facility Manager |

I now wish to apply for a duplicate identification card as the original has been lost/destroyed (cross out which is not applicable).

I am not at present subject to any disqualification or suspension imposed by any Club or Controlling Authority in Australia or New Zealand, nor the subject of any inquiry.

I have made every effort to locate the card and if recovered shall return same to GWIC.

Full Name

First name

Middle initial

Surname

Identification number

Declaration and authorisation

I declare that all information I have provided in this application is true and correct. I understand disciplinary action may be taken against me and/or proceedings under the *Crimes Act 1900* if I provide information to the GWIC that is false, misleading or incomplete. I authorise GWIC to check any details of the information given in this application and I consent to GWIC disclosing this information to a third party according to law. I will advise GWIC if there is any change to the particulars in this form.

Privacy

By signing this document you consent to the Greyhound Welfare & Integrity Commission collecting, using, holding and disclosing personal information about you. You can find out more about viewing our privacy policy at gwic.nsw.gov.au.

Signature of applicant

Date

 / /

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 2975
- 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.