

PUBLIC SYNDICATE REGISTRATION APPLICATION FORM



Your application must include:

Checklist

Fee Payment

A copy of the certificate of Company registration

This form is to be completed if you are to register a public syndicate with 2 or more members. Syndicates with more than 30 members may only register as public syndicates.

Clause 12(2)(a) of the Greyhound Racing Regulation 2019 provides authority for the Commission to ask you for information necessary to determine whether to grant or refuse your application.

Name of Syndicate

Syndicate ACN:

Promoter name

Promoter's GWIC ID number

Promoter's AFS licence number or AFS Authorised Representative number

Syndicate Manager contact details (Must hold a current owner registration)

Mr
 Mrs
 Miss
 Ms
 Dr
 Other

First name

Surname

GWIC ID number

Telephone number/s

Home

Mobile

Daytime

Email address

Residential address

Address

Suburb

State

Postcode

Postal address (if different to residential address)

Address

Suburb

State

Postcode



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	GWIC ID number (if registered)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Email address	
<input type="text"/>	<input type="text"/>	
Residential address		
<input type="text"/>		
Postal address (if different to residential address)		
<input type="text"/>		

Payment details (please visit our website for the current fees)

Once your application has been approved, you will be contacted for payment by phone or you will receive a secure pay link via email. Payments can be made with credit or debit card, PayID, PayPal and BPay.

Declaration and authorisation

I declare that all information I have provided in this form is:

- a) Complete in all material respects; and
- b) True and correct to the best of my knowledge.

I understand, acknowledge and agree that:

- a) I consent to the Commission collecting, using and disclosing my personal information, and any other information I provided to the Commission, including to any third party, where such disclosure is necessary to process an application or notification. This includes, but is not limited to, my consent for the Commission to obtain a National Police History Check on my behalf;
- b) In processing my application for registration, the Commission may require additional information from me that is, in the Commission’s opinion, necessary to determine whether to register or refuse to register me as a greyhound racing industry participant. If after 21 days of being requested to provide any additional information I fail to provide the information, the Commission may refuse to register me as a greyhound racing industry participant;
- c) If the Commission later determines that any information I have provided is, incorrect or deliberately false, disciplinary action may be taken against me, which could include suspension or disqualification of my registration or a warning off;
- d) I will immediately advise the Commission if there is any change to the information I have provided in any application or notification;
- e) While I am a greyhound racing industry participant, I will comply at all times with the provisions of the Greyhound Racing Act 2017, Greyhound Racing Regulation 2019, Greyhound Racing Rules, Code of Practice and the Commission’s policies.

Privacy

By signing this form you consent to the Greyhound Welfare & Integrity Commission collecting, using, holding and disclosing personal information about you in compliance with the Commission’s Privacy Statement, a copy of which can be found at gwic.nsw.gov.au.

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

For and on behalf of the Company in accordance with section 127 of the *Corporations Act 2001*.

Name	Signature	Position in Company	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	Signature	Position in Company	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



Syndicate name:

List of syndicate members

Every syndicate member 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.

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

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

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Email address	
<input type="text"/>	<input type="text"/>	
Residential address		
<input type="text"/>		



Syndicate name:

Name **GWIC ID number (if registered)** **Date of birth**

Telephone number **Email address**

Residential address

Name **GWIC ID number (if registered)** **Date of birth**

Telephone number **Email address**

Residential address

Name **GWIC ID number (if registered)** **Date of birth**

Telephone number **Email address**

Residential address

Name **GWIC ID number (if registered)** **Date of birth**

Telephone number **Email address**

Residential address

Name **GWIC ID number (if registered)** **Date of birth**

Telephone number **Email address**

Residential address



Syndicate name:

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Residential address		
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Telephone number	Email address	
<input type="text"/>	<input type="text"/>	
Residential address		
<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.