

## **Request for Stable Transfer**

- 1. \_\_\_\_\_(Name of Horse) \_\_\_\_\_(Brand No.).
- 2. I/We hereby request permission to transfer the above-named racehorse in my/our ownership from the

Stable of \_\_\_\_\_\_ (Trainer) to the Stable of \_\_\_\_\_\_ (Trainer).

- 3. I/We certify there is no change of ownership or management involved in this transfer.
- 4. I/We understand that subsequent to making this application I/we will be required to state the reasons for the transfer and may be called before the Stewards to explain those reasons.
- 5. I/We agree that the transfer of a horse will not be allowed without the written permission of and following an examination by, a Veterinary Surgeon of the Club. A sample of the horse's urine will be collected immediately prior to its transference.
- 6. I/We accept that my/our horse may not be transferred until I am/we are in receipt of your written approval, at which time any existing entry to race other than an early closing entry will be cancelled and the horse will not be permitted to be entered to run before new Authority to Act forms are completed and accepted. Furthermore I/we agree that the horse may not be permitted to use any of the training facilities other than the trotting ring and the walking machine until your consent to this application is received.
- 7. I/We agree to support the existing retainership (if any) between my/our intended trainer and his retained jockey and hereby authorise the Club to debit my/our membership account with the monthly contribution fee towards the above mentioned retainership.

<u>Name of Owner</u> (To be signed by the Owner or <u>all</u> Partners or <u>all</u> Syndicate Managers)	<u>Membership</u> <u>No.</u>	Signature	<u>Date</u>
1.			
2.			
3.			
4.			
Signed by intended Trainer			
Approval of Stipendiary Steward and Notification of present Trainer, Head of Dual Site Stables Operations & Veterinary Surgeon			
Approval of Veterinary Surgeon			
Approval of Head of Dual Site Stables Operations			

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