

# BOOKMAKER'S CLERK REGISTRATION

FOR PERIOD ENDING 30th April, 2018

TO: THE BOARD OF TRNT  
GPO BOX 589, DARWIN NT 0801  
Ph: (08) 8944 7500 Email: [trnt@trnt.org.au](mailto:trnt@trnt.org.au)



APPLICATIONS MUST BE LODGED AT THE TRNT OFFICE AND  
WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- **PHOTO:** One Current Passport size facial photograph
- **COMPLETED APPLICATION FORM**
- **REGISTRATION FEE: \$60 Inc GST**

**\$60**

## SECTION 1: Personal Details (PLEASE PRINT)

SURNAME: ..... GIVEN NAME/S: .....

DATE OF BIRTH: ..... / ..... / ..... EMAIL ADDRESS: .....

RESIDENTIAL / POSTAL ADDRESS: .....

SUBURB/CITY: ..... STATE: ..... POST CODE: .....

MOBILE: ..... PHONE (OTHER): .....

**BOOKMAKER'S NAME:** .....

HAVE YOU PREVIOUSLY HELD OR DO YOU HOLD A BOOKMAKERS LICENCE?  YES  NO

If yes please give details .....

HAVE YOU PREVIOUSLY OR ARE YOU REGISTERED AS A BOOKMAKERS CLERK?  YES  NO

Where? .....

HAVE YOU EVER BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE?  YES  NO

If yes please give details .....

HAVE YOU EVER BEEN FOUND GUILTY OF ANY CHARGE BY A RACING BODY OR TRIBUNAL?  YES  NO

If yes please give details .....

HAVE YOU EVER BEEN REFUSED A LICENCE OR PERMIT BY ANY RACING BODY OR TRIBUNAL?  YES  NO

If yes please give details .....

## SECTION 2: Conditions of Registration

1. I agree to be bound by the Rules of racing and Betting in force from time to time during the currency of this permit or any renewal thereof, and also such Rules, Regulations, Conditions and Directions as may from time to time be made or given by the Committee, Stewards or Officials of the Club.
2. I agree not to make any public statement or comment concerning any matter currently the subject of investigation or inquiry before the Stewards, Board, Committee or Appeals Body.

Thoroughbred Racing NT collects personal information about you when you apply for a licence pursuant to the Northern Territory Racing and Betting Act and the Rules of Racing. Thoroughbred Racing NT, as part of its licensing and disciplinary processes may disclose such information to third parties as part of the process of considering whether to grant or maintain your licence. You do not have to supply any information sought but failure to do so may result in your application for a licence being refused or withdrawn. By completing and submitting this form, you authorise Thoroughbred Racing NT to collect, use and disclose personal information about you for the purpose of the Racing and Betting Act and the Rules of Racing.

SIGNED: ..... DATE: .....

NOTE: THIS APPLICATION WILL NOT BE CONSIDERED UNLESS AN APPLICATION FOR A BOOKMAKERS CLERK LICENCE HAS BEEN LODGED WITH THE N.T. RACING COMMISSION THROUGH A TERRITORY BUSINESS CENTRE ([TERRITORY.BUSINESSCENTRE@NT.GOV.AU](mailto:TERRITORY.BUSINESSCENTRE@NT.GOV.AU)).

<b>OFFICE USE ONLY:</b>		<b>PHOTO</b>
DATE: _____	BADGE/ID: <input type="checkbox"/> NO.: _____	
AMOUNT: \$ _____	HISTORY/CHECKS: <input type="checkbox"/> _____	
INVOICE NO.: _____	ENTERED: _____	