



A completed copy of this form must also be provided to the Trainer

Horse Description (If multiple horses, please set out information in relation to others on a separate page, and attach it)

Horse Name Foal Year of Birth

Microchip Number

Trainer Details

Date of Birth (dd/mm/yyyy) Mr Mrs Miss Ms Other If other, please specify

Surname

Given Names

Postal Address Post Code

E-Mail Mobile Daytime Phone

Owner Details (If multiple owners, please set out information in relation to others on a separate page, and attach it)

Date of Birth (dd/mm/yyyy) Mr Mrs Miss Ms Other If other, please specify

Surname

Given Names

Postal Address

E-Mail Mobile Daytime Phone

Disputed Invoice #1 (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice or Part Invoice For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy) Brief description of nature of dispute Disputed Amount

Date Invoice Received (dd/mm/yyyy) (if different to date of invoice)

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

Signature Date (dd/mm/yyyy)

By signing this application I agree that the information provided above is true and correct.



Disputed Invoice #2 (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice or Part Invoice

For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Brief description of nature of dispute

Disputed Amount

Date Invoice Received (dd/mm/yyyy)

(if different to date of invoice)

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

By signing this application I agree that the information provided above is true and correct.

Signature

Date (dd/mm/yyyy)

Disputed Invoice #3 (Attach disputed invoices with this form together with any supporting documentation on which you intend to rely)

Full Invoice or Part Invoice

For an Invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Brief description of nature of dispute

Disputed Amount

Date Invoice Received (dd/mm/yyyy)

(if different to date of invoice)

If you require more space please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

By signing this application I agree that the information provided above is true and correct.

Signature

Date (dd/mm/yyyy)

In the event that greater than 3 Invoices are disputed, please attach the same information referred to above in respect of additional invoices