

JAMAICA RACING COMMISSION
Jamaica Racing Commission (Prescribed Form) Regulations, 2006
RULE 2 – FORM 2

20...../.....

APPLICATION

FOR

NEW REGISTRATION

Registration Type(s) required
 {Tick appropriate box(es)}

Individual Owner	<input type="checkbox"/>
Registered Company	<input type="checkbox"/>
Company/Managing Director	<input type="checkbox"/>
Owner Agent	<input type="checkbox"/>

1. APPLICANT'S NAME:

(last) (Mr./Mrs./ Miss) (first & middle)
 Company

2. DATE OF BIRTH **3. TRN :**

4. NATIONALITY **5. NIS #.**

6. HOME ADDRESS

7. HOME TELEPHONE # **CELL. #**

8. MAILING/ BUSINESS ADDRESS

9. E-MAIL ADDRESS

10. MAILING/BUSINESS TELEPHONE #.

11. PROFESSIONAL/BUSINESS OCCUPATION:

12. CURRENT EMPLOYER(S):

ADDRESS:

TELEPHONE #:

13. POSITION IN FIRM: **DATE EMPLOYED:**

14. HAVE YOU EVER BEEN REGISTERED/LICENSED IN ANY OTHER CATEGORY?

IF YES, WHEN ISSUED TO YOU? AND WHAT REGISTRATION /LICENSE
 TYPE(S)

15. HAVE YOU EVER BEEN REGISTERED/ LICENSED IN ANY OTHER RACING

JURISDICTION? IF SO WHERE AND WHEN

16. HAS YOUR REGISTRATION/LICENCE EVER BEEN REVOKED, SUSPENDED OR

DENIED AT ANY TIME BY THE JAMAICA RACING COMMISSION OR ANY OTHER RACING
AUTHORITY? IF YES, STATE WHEN, THE LENGTH OF REVOCATION OR
 SUSPENSION, AND REASON(S)

17. ARE YOU AN UNDISCHARGED BANKRUPT?.....IF YES, GIVE DETAILS.....

18. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A BREACH OF

THE ROAD TRAFFIC ACT OR ARE THERE ANY PENDING SUITS, CRIMINAL CHARGES OR
JUDGEMENTS AGAINST YOU?.....IF YES, GIVE DETAILS

19. GIVE NAME AND TELEPHONE NUMBERS OF TWO REFERENCES

NAME **TELEPHONE #**

NAME **TELEPHONE #**



20. **NUMBER OF HORSES OWNED** (a) In training (b) In Breeding
21. **NAME OF CONTACT PERSON/NEXT OF KIN**
 (in the event of emergency)
CONTACT PERSON'S ADDRESS.....

TELEPHONE #:

TO BE COMPLETED BY APPLICANT BEING A REGISTERED COMPANY

REGISTERED COMPANY NAME
 (Attach copy of Certificate of Incorporation)

DATE OF INCORPORATION **INCORPORATION #**.....

1. **NATURE OF BUSINESS**

2. **LIST OF SHAREHOLDERS** (names and addresses):

3. **LIST OF DIRECTORS** (names and addresses):

4. **MANAGING DIRECTORS** (Name and Addresses).....

5. **HAS THE COMPANY BEEN REMOVED FROM THE LIST OF REGISTERED COMPANIES BY THE REGISTRAR OF COMPANIES ACT SINCE YOUR LAST REGISTRATION?**

TO BE COMPLETED BY APPLICANT FOR AN OWNER'S AGENT REGISTRATION

NAME OF (last name) (Mr./Miss/Mrs.)
APPLICANT (first & middle names)

DATE OF BIRTH

NAME OF LICENSED PRINCIPAL (OWNER)
 (Please attach Instrument of Authority)

In making this application, I the undersigned, understand and consent to any investigation that the Commission may conduct on my background and that an investigative report may be prepared containing information obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbours, or others with whom I am acquainted. This inquiry may include information as to my character and general reputation that may be relevant to the issuance of this registration.

Any information contained in this application which is false or in any material respect misleading is liable to result in refusal, suspension or revocation of this registration.

I declare that all answers given in this application are correct and should this application for registration be granted I shall be bound in all respects by the Rules of Racing.

.....
 APPLICANT'S SIGNATURE

.....
 DATE