



Racing Victoria Limited ACN 096 917 930

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CHANGE OF MANAGING NOMINATOR

1 HORSE DE	TAILS																
Horse Name / Breedin								Year of	Year of Foaling:								
Horse Name / Breeding:									Year of	Year of Foaling:							
Horse Name / Breeding:									Year of	Year of Foaling:							
Horse Name / Breeding:									Year of Foaling:								
Horse Name / Breedin								Year of	Year of Foaling:								
	•																
2 OUTGOING NOMINATOR																	
First Name:								Surname	e:								
D.O.B:								Owners'	ID:	D:							
Postal Address:	Postal Address:																
Suburb:								State:									
Postcode:								Contact	No:								
Signature			Date		/	!											
3 INCOMING NOMINATOR																	
First Name:								Surname	e:								
D.O.B:								Owners'	ers' ID:								
Postal Address:																	
Suburb:								State:									
Postcode:								Contact	Contact No:								
Are you GST registered?		YES	/ NO	ס	If YES,	ABN:											
Bank Account Name:																	
BSB Number:							Accou	nt Numbe	r:								
DSD Number.																	