

Racing Services Racing and Wagering Western Australia ABN 21 347 055 603

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	NOTIFICATION TO CHANGE	E PARTNERSHIP/SYN	IDICATE MANAGER	
TICK WHERE APPLICA	BLE: PARTNERSH	IIP MANAGER	☐ SYNDICATE MANAGE	:R
SYNDICATE NAME:				
	IATE THE BELOW MENTIONED PERSON ONDENCE AND PAYMENTS RELATING			
SURNAME		GIVEN NAMES		
TELEPHONE		MOBILE		
EMAIL				
ADDRESS				
SIGNATURE		DATE	/	1
NAMES AND SIGNATURES OF SYNDICATE/PARTNERSHIP MEMBERS/OWNERS SYNDICATE - AT LEAST TWO (2) AND NOT MORE THAN FOUR (4) MUST AGREE TO THE CHANGE. PARTNERSHIP – ALL MEMBERS MUST AGREE TO CHANGE.				
MEMBER /OWNER NAME		SIGNAT	TURE	
² MEMBER /OWNER NAME		SIGNAT	TURE	
3 MEMBER /OWNER NAME		SIGNAT	TURE	
4 MEMBER /OWNER		SIGNAT	TURE	

Form: LRG-005 See overleaf