JAMAICA RACING COMMISSION

Jamaica Racing Commission (Prescribed Form) Regulations, 2006
RULE 2 – FORM 2
20☐ /20☐
APPLICATION FOR RENEWAL

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

Individual Owner ☐   Registered Company ☐   Company/Managing Director ☐   Owner Agent ☐

Applicant's Name

1. **SURNAME:**   MR. ◯ MISS ◯ MRS. ◯

   FIRST NAME:

   MIDDLE NAME:

   COMPANY

   PASSPORT

   SIZE

   PHOTOGRAPH

2. **HOME ADDRESS:**

3. **HOME TELEPHONE:**

   CELL#:

   MAILING/BUSINESS TELEPHONE#:

4. **MAILING/ BUSINESS ADDRESS:**

5. **EMAIL ADDRESS:**

6. **PROFESSIONAL/BUSINESS OCCUPATION:**

7. **CURRENT EMPLOYER:**

   ADDRESS:

   TELEPHONE#:

8. **POSITION IN FIRM**

   DATE EMPLOYED
   (DD-MM-YYYY)

9. **NAME OF CONTACT PERSON/NEXT OF KIN**
   (in the event of emergency)

1

CONTACT PERSON'S ADDRESS

TELEPHONE #:

10. **HAVE YOU EVER BEEN REGISTERED/ LICENSED IN ANY OTHER CATEGORY WITHIN THE PREVIOUS 24 MONTHS?** YES ◯ NO ◯

IF SO, WHAT REGISTRATION LICENSE ?

(DD-MM-YYYY)
WHEN?

11. **ARE YOU AN UNDISCHARGED BANKRUPT?** YES ◯ NO ◯

IF YES, GIVE DETAILS

(WITHIN THE PRECEEDING 24 MONTHS)
12. **HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A BREACH OF THE ROAD TRAFFIC ACT <u>OR</u> ARE THERE ANY PENDING SUITS, CRIMINAL CHARGES OR JUDGEMENTS AGAINST YOU?** YES ◯ NO ◯

IF YES, GIVE DETAILS

13. **HORSE/S PRESENTLY OWNED (state shared owned)**

<u>TO BE COMPLETED BY APPLICANT BEING A REGISTERED COMPANY</u>

REGISTERED COMPANY NAME

(Attach copy of Certificate of Incorporation)

(DD-MM-YYYY)
DATE OF INCORPORATION:

INCORPORATION #

1. **NATURE OF BUSINESS**

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

NAMES

ADDRESSES

NAMES

ADDRESSES

NAMES

ADDRESSES

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

NAMES

ADDRESSES

NAMES

ADDRESSES

NAMES

ADDRESSES

NAMES

ADDRESSES

4. MANAGING DIRECTORS (Name and Addresses)

NAMES

ADDRESSES

NAMES

ADDRESSES

NAMES

ADDRESSES

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

SURNAME: MR. ◯ MISS ◯ MRS.◯

FIRST NAME:

MIDDLE NAME:

(DD-MM-YYYY)
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, neighbors, 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(DD-MM-YYYY)