JAMAICA RACING COMMISSION

Jamaica Racing Commission (Prescribed Form) Regulations, 2006 RULE 2 — FORM 2

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APPLICATION

FOR

NEW REGISTRATION

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

Individual Owner Registered Company

	Company/Managing Director	
	Owner Agent	
1.	APPLICANT'S NAME:	
	(last) (Mr./Mrs./ Miss) (first & middle)	
	Company	
2.	DATE OF BIRTH 3. TRN :	
4.	NATIONALITY	DACCDORT
6.	HOME ADDRESS	PASSPORT
		SIZE
7.	HOME TELEPHONE # CELL. #	PHOTOGRAPH
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?	ICENSE
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	HAS YOUR REGISTRATION/LICENCE EVER BEEN REVOKED, SUSPENDED OF DENIED AT ANY TIME BY THE JAMAICA RACING COMMISSION OR ANY OTHE AUTHORITY? SUSPENSION, AND REASON(S)	R RACING OCATION OR
17.	ARE YOU AN UNDISCHARGED BANKRUPT? IF YES, GIVE DETAILS	
18.	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A B THE ROAD TRAFFIC ACT OR ARE THERE ANY PENDING SUITS, CRIMINAL CHAI JUDGEMENTS AGAINST YOU?IF YES, GIVE DETAILS	REACH OF RGES OR
19.	GIVE NAME AND TELEPHONE NUMBERS OF TWO REFERENCES	
	NAMETELEPHONE #	
	NAMETELEPHONE #	

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	
	STERED COMPANY NAME	
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?	
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		
	E OF LICENSED PRINCIPAL (OWNER)se 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.		
resuit	in refusal, suspension or revocation of this registration.	
I decl		
I decl	in refusal, suspension or revocation of this registration. are that all answers given in this application are correct and should this application for registration be	