



BARBADOS TURF CLUB TRANSFER OF OWNERSHIP

Directions

1. No Fee required transfer ownership.
2. This form must be completed by and signed both by the new owner or owners. In case of a partnership all parties must sign this form

A. HORSE INFORMATION

| | | | |
|----------------------|--|---------------|--|
| Name of Horse | | Sex | |
| Sire | | Colour | |
| Dam | | Age | |

B. PREVIOUS SOLE OWNERSHIP

| | | | |
|--|--|--------------|------------------|
| Name of Owner or if Partnership (see below) | | Date | |
| Address | | | |
| Telephone No: | | Fax: | Cellular: |
| Authorised Signature | | Email | |

C. NEW SOLE OWNERSHIP

| | | | |
|--|------------|--------------|-------------------|
| Name of Owner or if Partnership (see below) | | Date | |
| Address | | | |
| Telephone No: | | Fax: | Cellular: |
| Authorised Signature | | Email | |
| Is horse under a Lease | Yes | No | Start Date |
| | | | End Date |

D. AUTHORISATION

| | |
|-----------------------------------|--|
| To be raced in the name of | |
| Stakes payable to | |

| | |
|--|--|
| Name of appointed Trainer | |
| Please note a letter addressed to the C.E.O of the Club should be registered with the Barbados Turf Club noting your Authorised Agent and the date on which the letter takes effect, bearing both your signature and that of your appointed Authorised Agent. | |

| E. PREVIOUS OWNERSHIP (IF PARTNERSHIP) | | | DATE: |
|--|---------|--------|-----------|
| Name of Previous Owners | Address | Shares | Signature |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| F. NEW OWNERSHIP(IF PARTNERSHIP) | | | DATE: |
|----------------------------------|---------|--------|-----------|
| Name of New Owners | Address | Shares | Signature |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TRAINERS AGREEMENT

I the undersigned hereby accept all responsibilities of Trainer under the Rules of Racing of the Barbados Turf Club for the horse listed on this transfer of ownership form.

Signature of Trainer:..... Date:.....

FOR OFFICIAL USE ONLY

| | | | |
|-------------|--|------|--|
| Received by | | Date | |
| Checked by | | Date | |
| Verified by | | Date | |
| Entered by | | Date | |