



NOTICE OF ELECTION OF HEARING FORM (Part XV – Rules of Racing)

A filing fee of \$50 must be paid at the time of lodging this form must also be provided to the other party to the dispute

Horse Description

Horse Name

Year of Birth

Microchip Number

Trainer Details

Date of Birth (dd/mm/yyyy)

If other, please specify

Mr

Mrs

Miss

Ms

Other

Surname

Given Names

Postal Address

Post Code

E-Mail

Mobile

Daytime Phone

Owner Details

Date of Birth (dd/mm/yyyy)

If other, please specify

Mr

Mrs

Miss

Ms

Other

Surname

Given Names

Postal Address

Post Code

E-Mail

Mobile

Daytime Phone

Disputed Invoice #1. (Attach disputed invoices to this form together with any supporting documentation on which you intend to rely)

Full Invoice or Part Invoice

For an invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Date Invoice Received (dd/mm/yyyy)
(if different from date of invoice)

Brief description of nature of dispute

Disputed Amount

 \$

If you require more space, please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

Disputed Invoice #2. (Attach disputed invoices to this form together with any supporting documentation on which you intend to rely)

Full Invoice or Part Invoice

For an invoice which is partly in dispute, please indicate clearly the part of the invoice in dispute and whether the part not in dispute has been paid to the Trainer.

Date of Invoice (dd/mm/yyyy)

Date Invoice Received (dd/mm/yyyy)
(if different from date of invoice)

Brief description of nature of dispute

Disputed Amount

 \$

If you require more space, please attach and clearly mark additional pages. Any supporting documentation in relation to the dispute should be clearly identified and attached.

Payment Method

Please indicate payment method for Filing fee

Credit Card

Cheque

Credit Cardholder's name

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry Date (mmyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Cardholder's signature

Declaration

- I confirm that I am lodging this Notice of Election Hearing Form within 14 days from when I issued/ was issued with the Dispute Notice in relation to the invoices identified on this form.
- I confirm that the information in this form is true and correct

Signature

Date