THE STANDARDBRED & TROTTING HORSE ASSOCIATION OF GB & IRELAND (STAGBI)

Application for Registration of Syndicate Ownership

NAME OF SYNDICATE																
NUM	BER C)F PE	RSO	NS IN	THE	SYNI	DICA	TE:								
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- *First Named Person shall be the person designated to receive any communication relating to the syndicate.
- In the case of transfer of ownership, all members of the syndicate to sign.
- STAGBI must be notified in writing of any additional persons that become members of syndicate or if a member ceases to be a member of the syndicate.

First Name & Surname	Address	
*1.		Tel:
		Email:
	Postcode:	Signature:
2.		Tel:
		Email:
	Postcode:	Signature:
3.		Tel:
		Email:
	Postcode:	Signature:
4.		Tel:
		Email:
	Postcode:	Signature:

Signed(*First named person) Date:

If there are more than 4 members in the syndicate, please use a second form.

EACH Member of the Syndicate is required to be a Member of STAGBI

Return for with fees to STAGBI, 3 PARK CRESCENT, LLANDRINDOD WELLS, POWYS, LD2 6LB