



# TROTTING SOUTH AFRICA

## APPLICATION TO REGISTER AN AUTHORITY TO ACT

(TO BE LODGED AT THE HEAD OFFICE OF TROTTING SOUTH AFRICA OR FAXED TO 031 314 1647)

We, the undersigned, acknowledge ourselves to be subject to the Rules of Trotting South Africa as amended from time to time, and apply for the undermentioned Authority to Act to be registered. This Authority to Act shall remain in force until the Grantor has notified the Head Office of Trotting South Africa, in writing that it has been cancelled.

**This Authority authorises the Grantee to:**

1. Nominate my/our horses for Race Meetings
2. Scratch my/our horses from a Race Meeting
3. Engage Jockeys or Apprentices to ride my/our horses at Race Meetings
4. Delegate, subject to the provisions of Rule 9.5, this authority to any licensed assistant trainer employed by him

This Authority does not authorise the Grantee to withhold entries for a Race Meeting or to scratch entries duly made for the purpose of causing a race meeting to be abandoned or materially to effect the successful staging of a race meeting. Should any Grantee act in contravention of this Authority, any scratching made by him shall be of no force or effect and, in addition, the Grantee shall be guilty of an offence and liable to such penalty as may be imposed.

**Granted By: (To be completed by individual owner or all members of a partnership or the nominee of a syndicate, close corporation, trust or company)**

1. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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4. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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2. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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5. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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3. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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6. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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**Granted to:**
**Or Alternately to:**

1. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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2. Name: _____ Postal Address _____ _____ Postal Code _____ Signature _____ ID Number _____
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- NOTES:**
1. This Authority is in respect of participation in races and does not include authority to sign documents for the registration of Colours, Ownerships, Partnerships, Leases or any cancellations thereof.
  2. Cancellation or relinquishment of the Trainer's Licence automatically cancels this Authority to Act.
  3. Every Trainer, in respect of horses owned by him, and every Owner Trainer shall ensure that an authority to act is at all times granted to another Trainer or Assistant Trainer to be effective only in the event of his death or incapacity.