

ACT THOROUGHBRED RACE FIELD INFORMATION USE

Minimum Bet Limit Complaint Form

Personal Details		
Select List Mr	First name *	Family name *
Address *		
Email	Telephone*	
Betting Account Details		
Name of Approved Australian Wagerin	ng Operator *	
Betting Account Name/Number/ID		
Nature of Complaint		
What is the nature of * your complaint? restrictions placed on account). Please Refusal to accept a fixed odds Refusal to open an account Account closure Restriction placed on my acco	e select: s bet	dds bet, account closed, refusal to open accoun

Please provide details of the contact made with the Wagering Operator and the outcome of your inquiry and include reasons given.			
Bet Details (complete if your complaint relates to refusal to accept a fixed odds bet)			
Date (dd/mm/yyyy)			
Race Number			
Details of Bet: include Horse Number and Name: Stake and Price			
How was bet placed?			
Was the Bet a Bet Back (only applies to bets transacted between Wagering Operators)?			
Time the bet was Placed (hh:mm:ss am/pm)			
Time the bet was Rejected by the Approved Australian Wagering Operator (hh:mm:ss am/pm)			

Attachments and Other Information

- Please list any other documents that may assist in our investigation and attach copies of those documents to this form. This should include any written communication to/from the Approved Australian Wagering Operator.
- > Please specify and attach a copy of one form of photo identification to this form. (Driver's Licence, Passport)

Are you licensed by a	any Australian Racing body (Provide details)?	
Are you employed by	y any Australia Wagering Operator? If yes, name of Wagering Operator and	in what capacity?
Declaration, A	cknowledgements and Agreements	
By ticking the following	ng boxes:	
misleading (in ei ☐ I have read the \(\text{\text{\$\sigma}} \) ☐ I agree the ACT	e information given in this Report and any attached document is true and contents or by omission). ACT Thoroughbred Minimum Bet Limit Policy Thoroughbred Minimum Bet Limit process will be strictly adhered to and any Club is binding and final.	
Full Name: *	Date:	
Signature		
Once completed	d the Application Form is to be submitted to:	
Mail:	Attn: Chief Financial Officer Canberra Racing Club PO Box 275 MITCHELL ACT 2911	
Facsimile:	02 6241 5697	
Email:	rfl@thoroughbredpark.com.au	

(emailed forms must be a scanned copy of the original signed application)