

Name of Horse (if unnamed, state breeding and age)

Date of Cancellation of Agreement

PO Box 1034
BANKSTOWN NSW 1885
T 02 9722 6600
F 02 8580 5792
registration@hrnsw.com.au
www.hrnsw.com.au

LEASE AGREEMENT CANCELLATION

I / we, the undersigned hereby wish to cancel the *Lease Agreement (Standardbred Horse)* currently registered on the horse identified hereunder:

Date of Return of Horse to Lessor :					
<u>NOTE</u>					
To be deemed valid, all registered Lessors and Lessees are required to sign this Lease Agreement Cancellation					
SIGNATURE(S) OF LESSOR(S)					
01	Name	Signature	11	Name	Signature
02	Name	Signature	12	Name	Signature
03	Name	Signature	13	Name	Signature
04	Name	Signature	14	Name	Signature
05	Name	Signature	15	Name	Signature
06	Name	Signature	16	Name	Signature
07	Name	Signature	17	Name	Signature
08	Name	Signature	18	Name	Signature
09	Name	Signature	19	Name	Signature
10	Name	Signature	20	Name	Signature
SIGNATURE(S) OF LESSEE(S)					
	Manager ★	Signature	L(3) OI	Name	Signature
01	manager *	Signature	11	Name	signature
02	Name	Signature	12	Name	Signature
03	Name	Signature	13	Name	Signature
04	Name	Signature	14	Name	Signature
05	Name	Signature	15	Name	Signature
06	Name	Signature	16	Name	Signature
07	Name	Signature	17	Name	Signature
08	Name	Signature	18	Name	Signature
09	Name	Signature	19	Name	Signature
10	Name	Signature	20	Name	Signature

[★] Partnership Manager