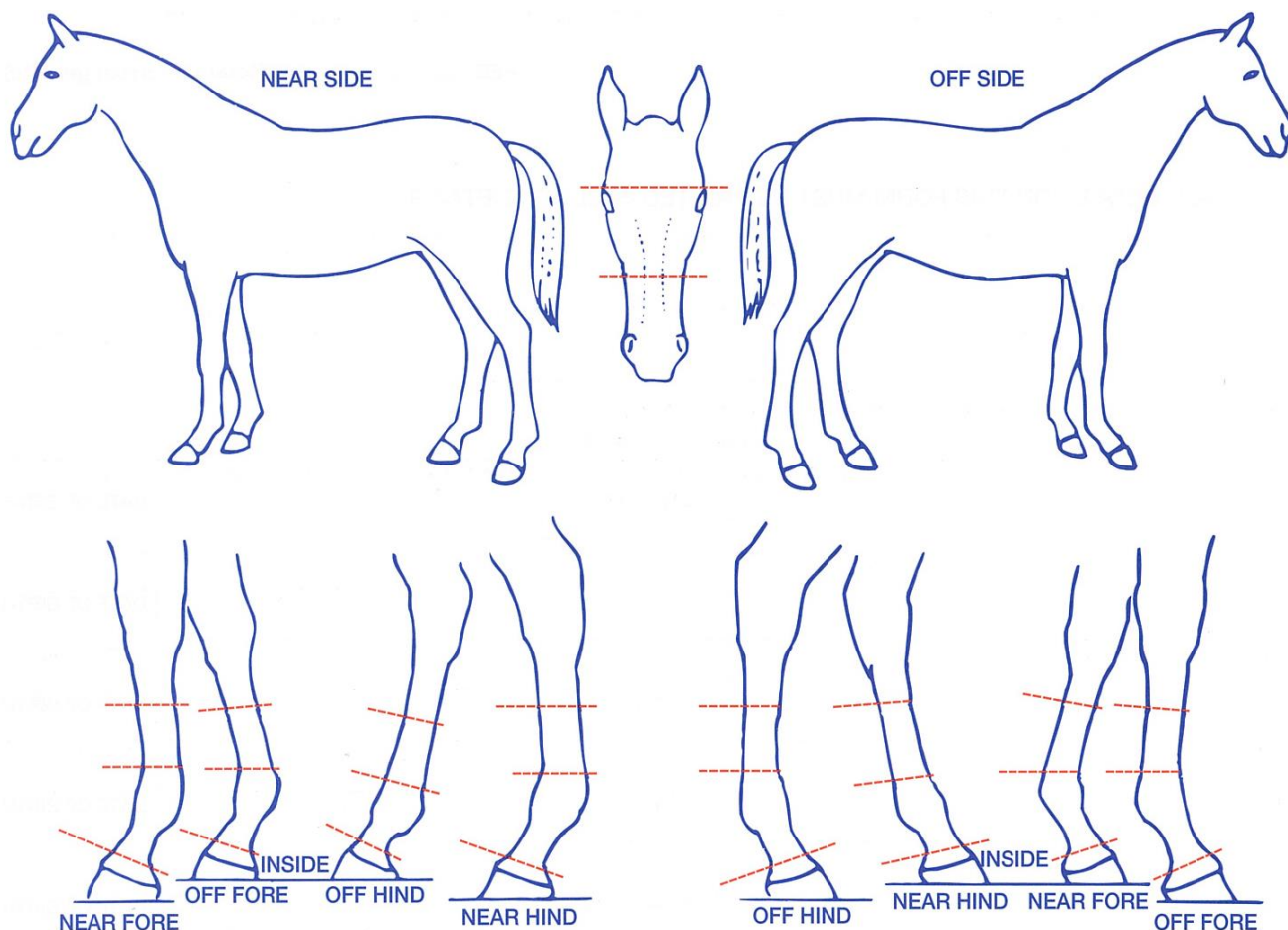


SECTION B

All **WHITE** markings and freeze brand **SYMBOLS** (where applicable) are to be clearly shown in ink on the diagram (and in the boxes) below



FREEZE BRAND SYMBOLS (as visible off neck) must be shown (where foaled in 2019 or prior)

MICROCHIP NUMBER (horses foaled from 1 September 2017 onward)

HORSE DESCRIPTION

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Naming Applications can be submitted subsequent to the foal / horse to be named having been positively DNA tested by the Canadian laboratories.

Applications may be submitted via email or facsimile (Harness Racing NSW only) however; applications that are not of sufficient print or scan quality will be rejected, as will applications that do not include both pages of the application.

Physically inspect the horse to be named and clearly draw (using the above diagram) the exact markings and freeze brands appearing on the horse. It may be necessary to clip the area of the brand to clearly identify the freeze brand symbols. If any of the freeze brand symbols are indistinct (after clipping the area) please indicate above which symbol, or symbols, are affected so the horse description / appearance can be updated on the national database.

If the horse was foaled on or before 1 August 2020 no freeze brand will have been applied

If the horse was foaled on or after 1 September 2017 the microchip number is to be recorded in the area provided above for this purpose.

White markings should be shown on both the near and off side diagrams and the position of any scars are to be marked with an "X".

Please provide a complete and accurate description of all identifying marks in the area set aside for this purpose above (HORSE DESCRIPTION).

Ensure that Section A of this application is completed as required prior to submitting this application to Harness Racing NSW.

Please allow a reasonable period of time between submitting an application to Harness Racing NSW and the subsequent approval of the name and mailing of the Registration Certificate, particularly if you are submitting the application by standard post (surface mail).

CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)

Card Number:

Expiry Date :

Cardholders Name : _____ Cardholders Signature: _____

CVV (3 digit value printed on back of card) **\$ 90.00**

Assigned Customer Code		Invoice Number	
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