



**Greyhounds Australasia**  
 Sandown Greyhound Racing Complex  
 Lightwood Road Springvale 3171  
 Postal Address: P.O. Box 239 Springvale 3171  
 Telephone: (03) 9548 3500  
 Facsimile: (03) 9548 3488  
 Email: admin@galtd.org.au

## APPLICATION TO TRANSFER THE OWNERSHIP OF A FROZEN SEMEN BREEDING UNIT

*Please check Greyhounds Australasia website for current fee.*

**PLEASE NOTE:** This application must be completed by the Managing Owner/s or Transferee/s and submitted within five days of purchase/receipt of a breeding unit to Greyhounds Australasia

### THIS SECTION IS TO BE COMPLETED BY THE PERSON(S) SELLING THE BREEDING UNIT

I/We the undersigned being the **present managing owner(s)** of the breeding unit draw identified

as \_\_\_\_\_, having been drawn from the greyhound \_\_\_\_\_

On \_\_\_\_\_ and presently stored at \_\_\_\_\_  
 Date Name of Approved Facility

hereby authorise the transfer of such semen to the Person(s) whose Name(s) appear on the section below

\_\_\_\_\_  
 Print Name Signature of Current Managing Owner/s Date

### THIS BELOW IS TO BE COMPLETED BY THE PERSON(S) ACQUIRING THE BREEDING UNIT

Transferred on application to:

Mr/Mrs/Miss/Ms/Syndicate \_\_\_\_\_  
 First Given Name Surname

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Tick Box if you require confirmation of this transfer  Email \_\_\_\_\_

I/We the undersigned, agree to be bound by and comply with the Australasian Greyhound Racing Rules (which shall from time to time be made and/or amended by the Controlling/Registering Bodies).

\_\_\_\_\_  
 Signature of Applicant Date Signature of Applicant Date

#### PAYMENT DETAILS: - **DO NOT SEND CASH IN THE MAIL.**

Cheque  Money Order  Amount: \$ \_\_\_\_\_ Master Card  Visa  Amount: \$ \_\_\_\_\_

Card Holders Name \_\_\_\_\_ Card No. \_\_\_\_\_ CCV No. \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

DISCLAIMER – Controlling Authorities have granted Greyhounds Australasia (GA) authority pursuant to respective state, territory or federal legislation to delegate administrative functions to GA for the collection and recording of data in respect of the FSI program. Controlling Authorities will continue to control and authorise registration in respect of regulating frozen semen practices, and as further referenced to on the GA website.

PRIVACY - GA is committed to protecting the privacy of individuals' personal information. GA will abide by the National Privacy Principles set out in the Privacy Act 1988 (Commonwealth) and will only collect, use or disclose personal information as required in accordance with the Act and or to support registration and otherwise in accordance with GA's privacy policy as established from time to time and as amended from time to time.

#### OFFICE USE

Signature Verification \_\_\_\_\_ Date \_\_\_\_\_