



APPOINTMENT OF FINANCIAL & CLAIMING AGENT



TAKE NOTICE that I/we _____
being the holder of an owner's licence/racing participant as recognized by Horse Racing Alberta, hereby appoint:

_____ OF _____
PRINT NAME OF AGENT CITY OF RESIDENCE

to act as Authorized Agent on my/our behalf for the purposes indicated below. This authorization MUST be revoked or changed in writing. Please carefully review the list of terms below. IF you prefer to exclude any part of the list, you MUST cross that line out and INITIAL where indicated.

- | | | |
|--|--|--|
| <p>INITIAL</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>DELETE THE TERMS NOT TO BE AUTHORIZED</p> <p>(1) to withdraw money from my/our purse account</p> <p>(2) to claim horses on my/our behalf</p> <p>(3) to transfer money from my/our account for the purpose of claiming</p> <p>(4) to sell horses owned by me/us</p> <p>(5) to sign a claiming race authorization</p> <p>(6) to sign a lease on horse(s) owned by me/us</p> | <p>(Initial time limit below)</p> <p>One (1) Year <input type="checkbox"/></p> <p>Three (3) Years <input type="checkbox"/></p> <p>No Time Limit <input type="checkbox"/></p> <p><small>This option is only available for Standardbred Racing</small></p> |
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This appointment to remain in effect until December 31, _____ unless revoked.

To be filled out by Commissioner of Oaths or Racing Official ONLY

Signed at _____
in the Province of _____
this ____ day of _____ 20____
before me.

Please print name

Signature

TO BE COMPLETED BY

- A Commissioner for Oaths or (must include stamp/expiry date)
- Designated Race Official

<p>Print Name of Owner</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Signature of Owner</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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COMMISSIONER OF OATHS PLEASE STAMP ABOVE

AUTHORIZED AGENT MUST COMPLETE THIS PORTION FOR APPOINTMENT TO BE VALID

In signing this declaration, I hereby certify that I am the holder of an Authorized Agent licence as recognized by Horse Racing Alberta.



REVOKE/CHANGE TO FINANCIAL & CLAIMING AGENT



TAKE NOTICE that I/we _____
being the holder of an owner's licence/racing participant as recognized by Horse Racing Alberta, hereby REVOKE/CHANGE this
authorization as indicated below.

Initial & Date Revoke or Change

REVOKE	CHANGE	Print Name	Signature
<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	_____	_____

WITNESS NAME (MUST BE COMMISSIONER OR DESIGNATED RACING OFFICIAL)

SIGNATURE



COMMISSIONER OF OATHS PLEASE STAMP ABOVE

HORSE RACING ALBERTA LICENSING OFFICE CONTACT INFORMATION
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