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**ACT THOROUGHBRED RACE FIELD INFORMATION USE**

**Minimum Bet Limit Complaint Form**

**Personal Details**

Select List First name \* Family name \*

  

Address \*

Email Telephone\*

 

**Betting Account Details**

Name of Approved Australian Wagering Operator \*



Betting Account Name/Number/ID



**Nature of Complaint**

What is the nature of \* your complaint? (e.g. refusal to accept fixed odds bet, account closed, refusal to open account, restrictions placed on account). Please select:

* Refusal to accept a fixed odds bet
* Refusal to open an account
* Account closure
* Restriction placed on my account
* Others

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 any Australian Racing body (Provide details)?

Are you employed by any Australia Wagering Operator? If yes, name of Wagering Operator and in what capacity?

**Declaration, Acknowledgements and Agreements**

By ticking the following boxes:

* I declare that the information given in this Report and any attached document is true and correct and not false or misleading (in either its contents or by omission).
* I have read the ACT Thoroughbred Minimum Bet Limit Policy
* I agree the ACT Thoroughbred Minimum Bet Limit process will be strictly adhered to and any determination by Canberra Racing Club is binding and final.

Full Name: \* Date:

 

Signature



Once completed 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)