GREYHOUND QUEENSLAND LIMITED

Albion Park Raceway, Breakfast Creek 4010
PO Box 250, Albion 4010 Phone 3262 7800 Fax 3262 7809

BANK ACCOUNT DETAILS

ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

Owner/Partnership/Syndicate Name:.....
Please enter name in full – or Syndicate or Partnership name

Partnership/Syndicate Manager**: (if applicable)** .....
Name in full

Address.....

.....Post Code.....

Phone No: ....Mobile No: .....

Email Address: ....

Bank Account in the name of: .....

Bank:.....Branch:.....

BSB.NO.				-				**ACCOUNT NO.**									

IS PRIZE MONEY PAID TO: **TRAINER / OWNER** **Please indicate by circling**

The bank details to be entered are your nominated bank account – do not enter your trainer's bank account details. Trainers provide GQL with their own details.

Signed:.....Dated.....

In accordance with the Privacy Act (IS 42), the information collected on this form is for the purpose of payment of prize money. This information may be passed to third parties with bona fide industry connections. Where an applicant does not consent to the disclosure of this information to such third parties please contact the GQL in writing. Some personal information can be disclosed to agencies without consent where required by law.

OFFICE USE ONLY	**C**	**P**						