

THOROUGHBRED BREEDERS' ASSOCIATION OF NEW JERSEY

OWNERSHIP DISCLOSURE FORM

(I, we) own Thoroughbreds for breeding and/or racing in the State of New Jersey in the name of:

Street or Box Number	City, State, Zip

Phone	Fed. I.D. No. or Social Security No.

as a partnership, farm, stable, corporation totaling 100%, or a syndicate consisting of _____ shares owned by the following:

1.	_____	_____	_____
	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	_____	_____	
	Signature	City, State, Zip	
2.	_____	_____	_____
	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	_____	_____	
	Signature	City, State, Zip	
3.	_____	_____	_____
	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	_____	_____	
	Signature	City, State, Zip	
4.	_____	_____	_____
	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	_____	_____	
	Signature	City, State, Zip	

Individual or individuals holding a combined interest of at least 51% in the above entity must sign under their printed name allowing

_____ to receive all correspondence and **payments** in the name of:
Corresponding Officer's Name

Individual's Name or Name of Entity _____ Street or Box No. _____ City, State, Zip _____

If payment is to be made to an individual you must give Social Security Number _____

If payment is to be made to other than an individual give Federal ID Number _____

If entity is a breeder or stallion owner, list farm where breeding stock is maintained: _____
Farm Name

Street _____ City, State, Zip _____ Phone _____

Any change in ownership or change or corresponding officer requires the filing of a supplemental form a time of change.

I agree to serve as corresponding officer for the above named entity and that all facts and signatures are true.

Return to:
THOROUGHBRED BREEDERS' ASSOCIATION OF NEW JERSEY
265 Hwy 36
Suite 1R
W.Long Branch, NJ 07764

(732) 542-8880 FAX (732) 490-6732 e-mail: info@njbreds.com

Signature of Corresponding Officer
Sworn before me on this _____ day of _____ 20

Notary Public