



Australian Government

Department of Infrastructure, Transport,
Regional Development and Local Government



Tasmanian Freight Equalisation Scheme
Claim for Assistance – Horses



Address: GPO Box 1269, Hobart TAS 7001
Tel: (03) 6222 2580 or
Freecall™ 1800 993 347
Fax: (03) 6222 2149



CLK07AS003 1005

INSTRUCTIONS

- It is mandatory that all the **DECLARATION tick boxes are completed prior to signing the form.**
- Please complete the relevant category on page 2 of this form.
- Complete the Claimant Information section on page 2 of this form if this is your first claim or if any of the details previously provided have changed.
- Complete this form in accordance with the *Guidelines for Customers (TAS007)*.
- Transport task (column L)—insert 'DD' for door to door shipment, 'DW' for door to wharf, 'WD' for wharf to door, or 'WW' for wharf to wharf.
- **Attach original freight invoices.**

Claimant's name	
Postal address	
Contact name	
Contact details:	Business phone number ()
	Home phone number ()
	Fax number ()
	Email address
Your reference	

OFFICE USE ONLY	
Registration number	
Claimant code	
CRN	- - - - -
Data entered	Assessed TOTAL
Assessed	Adjustments
Checked	Claim TOTAL

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Transport company used	Consignment note number	Month/Year of shipment	Invoice number	Invoice paid Y/N	Good(s) shipped	Container or trailer size	No. of containers or trailers	No. of head	Origin	Destination	Transport task	TOTAL Freight paid (Excl. GST)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

BANK DETAILS – Please provide details of the account into which TFES assistance for this claim is to be paid.

Bank name	
Branch address	
BSB	- - -
Account number	
Account name	

DECLARATION: I hereby declare that I agree to comply with the Directions by the Infrastructure, Transport, Regional Development and Local Government for the operation of the Tasmanian Freight Equalisation Scheme and that, to the best of my knowledge and belief, this claim is not false or misleading in any material particular and specifically:

the freight costs have been paid prior to completing this form,

in the case of horses shipped to mainland Australia, the horses are not intended to be exported from Australia, and

in the case of horses shipped from mainland Australia, the horses were not imported into Australia from overseas.

I agree to retain original documentation relating to the above consignments, other than that retained by Centrelink, for a period of 5 years.

I am aware that, in order to process this claim, further information may be requested from transport companies and/or shipping lines.

I understand that giving false or misleading information is a serious offence.

Signature	Printed Name	Date / /
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CLAIMANT INFORMATION

This section must be completed either prior to or with the **first** claim, and whenever details change.

Claimant's name	
Australian Business Number (ABN) - - - - -	Australian Company Number (ACN) - - - - -
Registered trading name (if different to claimant name)	
Principal business activities	

Bank account details

Bank name	
Branch address	
BSB - - - - -	Account number
Account name	

PLEASE COMPLETE THE RELEVANT CATEGORY BELOW.**NORTHBOUND**—For Permanent Retention on mainland Australia

Name of horse	
Date of northbound journey	/ /
Where was the horse bred?	
Why was it shipped to mainland Australia?	
Is the horse to:	
• permanently remain on mainland Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• be exported (horses for export are ineligible)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• be raced (horses to be raced and then returned to Tasmania are claimable under the Sportspersons category)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPORTSPERSONS ROUND TRIP

Name of horse (if applicable)	
Date of northbound leg	/ /
A completed <i>Sportsperson's and Professional Entertainer's Declaration (TAS008)</i> must be submitted with your claim.	

DETAILS OF CLAIMS SIGNATORIES

Under the Directions by the Minister for Infrastructure, Transport, Regional Development and Local Government for the operation of the Scheme, the Declaration on page 1 of this form must be signed by a signatory nominated by the manager of the company. The manager is therefore required to provide the name(s) of senior officer(s) of the company who will henceforth sign the Declaration. This requirement does not apply to individuals who may be customers of the Scheme and claim under their own name.

Full name
Business phone number ()
Specimen Signature

Full name
Business phone number ()
Specimen Signature

SOUTHBOUND—Primary Industry (Brood Mare/Stock Horse)

Name of horse	
Date of southbound journey	/ /
Where was the horse bred?	
Is the horse used for:	
• breeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• stockwork?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Racing (horses to be raced and then used for breeding or stockwork are ineligible)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROFESSIONAL ENTERTAINERS ROUND TRIP

Name of horse (if applicable)	
Date of northbound leg	/ /
A completed <i>Sportsperson's and Professional Entertainer's Declaration (TAS008)</i> must be submitted with your claim.	

CERTIFICATION

I hereby certify that I have the authority to authorise all the above details on behalf of the company/organisation and have read and understood the *Guidelines for Customers (TAS007)* and the requirements therein.

I understand that giving false or misleading information is a serious offence.

Signature	Date / /
Printed name	
Position in Organisation (must be an owner, a partner if a partnership or a director, company secretary or manager of a company)	

BROOD MARE ROUND TRIP—(+ Foal on return leg)

Name of horse	
Date of northbound journey	/ /
Date of southbound journey	/ /
Where is the horse normally based?	
Was the mare sent to mainland Australia for servicing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did the mare race whilst on mainland Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of foal	
Date of birth of foal	/ /
Date, origin and destination of return journey	

ATTACH ORIGINAL INVOICES AND FORWARD TO: GPO BOX 1269, HOBART TAS 7001—documents submitted in support of each claim will be retained by Centrelink