

**This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 79 598 577 242)**

**Applications can only be accepted from current EA Members.**

REGISTRATION No	NAME OF HORSE

PRIMARY OWNER'S NAME	MEMBER NO.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PRIMARY OWNER'S POSTAL ADDRESS
<input style="width: 100%;" type="text"/>

SUBURB	POST CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

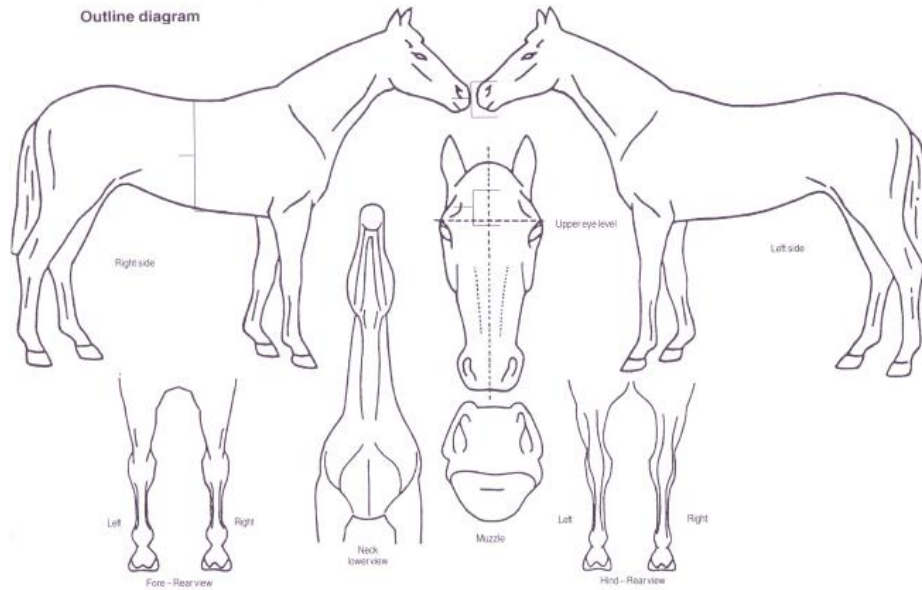
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER OWNER/S (Must be Current EA Member/s) See EA General Regulations**

NAME	MEMBER NO.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

NAME	MEMBER NO.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**The below Diagram must be completed accurately.** Position of scars to be marked with an X. Whorls to be marked with an X



I am the current owner of the horse named and described above, the Certificate of Registration has been lost/destroyed and I would like to apply for a Duplicate copy.

Signature of Registered Owner \_\_\_\_\_ Date: \_\_\_\_\_

Replacement/Duplicate Certificate Fee \$100.00 Total Payable: \$ \_\_\_\_\_

### PAYMENT DETAILS

**Return EQ, PO Box 1358, Coorparoo DC, 4151 or Fax to 07 3891 3088 Email: admin@equestrianqld.com.au**

**Payment Details: (PLEASE NOTE: IF PAYING BY CARD AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY)**

PLEASE FILL IN FOR PAYMENT BY CREDIT CARD						
Signature _____						
TYPE OF CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Amex	EXPIRY DATE	/
NAME ON CARD:	<input style="width: 100%;" type="text"/>					
CARD NUMBER:	<input style="width: 100%;" type="text"/>					