

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"/>

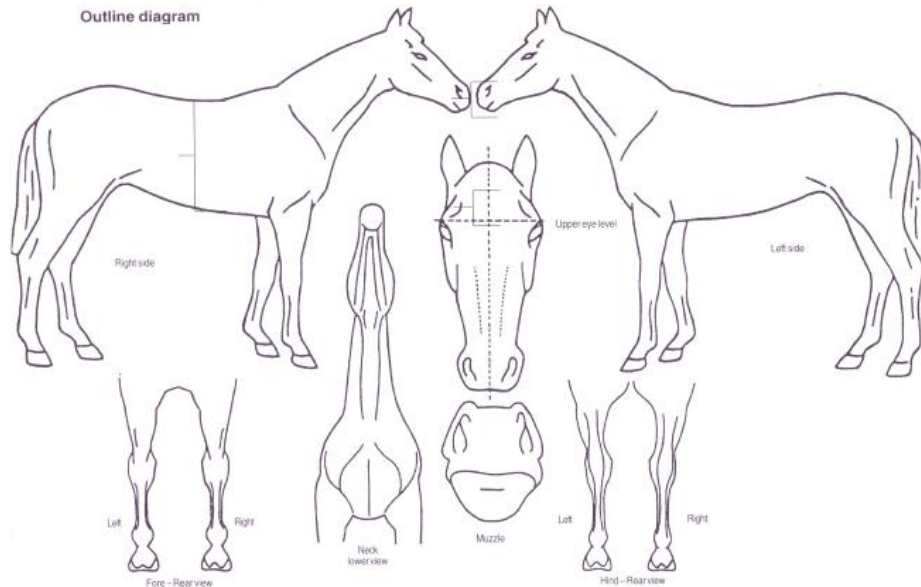
Phone: _____ Email: _____

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 \$110.00 Total Payable: \$ _____

PAYMENT DETAILS

Return: Equestrian Qld, Sports House Milton, 1.05/150 Caxton St, MILTON, Q 4064 or Email: enquiries@equestrianqld.com.au

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

CREDIT CARD DETAILS			
Signature _____			
TYPE OF CARD	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	EXPIRY DATE	/
NAME ON CARD:	<input style="width: 100%;" type="text"/>		
CARD NUMBER:	<input style="width: 100%;" type="text"/>		