

CARD NUMBER:

Equestrian AustraliaReplacement/Duplicate Certificate of Registration Application



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

	Application	ns can only be	accepted from	current EA Mem	ibers.		
REGISTRATION N	lo	NAME OF HORSE					
PRIMARY OWNER'S NAM	 E	MEMBER NO.					
PRIMARY OWNER'S POST	AL ADDRESS						
SUBURB					PO	ST CODE	
Phone:Email:							
OTHER OWNER/S (Must be Current EA Member/s) See EA General Regulations							
NAME		MEMBER NO.					
NAME					MEMBER NO.		
The below Diagram must be completed accurately. Position of scars to be marked with an X. Whorls to be marked with an X							
Outline diagram							
	Right side Right Fore - Flear view	Neck lower view	Upper eyel Muzzle Lat	Right Hind-Rear size			
I am the current owner would like to apply for a I	Duplicate copy.	and described a	bove, the Certific	ate of Registration	has been lost/de	estroyed and I	
Signature of Registered Owner				Date:			
☐ Replacement/Duplic		Total Payable: \$					
PAYMENT DETAILS							
Return Email: enquiries@equestrianqld.com.au							
{PLEASE NOTE: AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY TO ALL CREDIT CARDS}							
CREDIT CARD DETAILS Signature							
TVDE OF CASE		C.A.			EVDIEW D.C.	,	
TYPE OF CARD	□ VI:	SA	☐ Mastercard		EXPIRY DATE	/	
NAME ON CARD:							