

Equestrian Australia

Transfer of Horse Registration Application

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

PLEASE LIST THE NAMES AND ADDRESSES OF ALL NEW OWNERS

NEW PRIMARY OWNER'S NAME: _____ MEMBER NO.: _____

POSTAL ADDRESS: _____

SUBURB: _____ POST CODE: _____

MOBILE: _____ EMAIL: _____

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

OWNER'S NAME: _____ MEMBER NO.: _____

OWNER'S NAME: _____ MEMBER NO.: _____

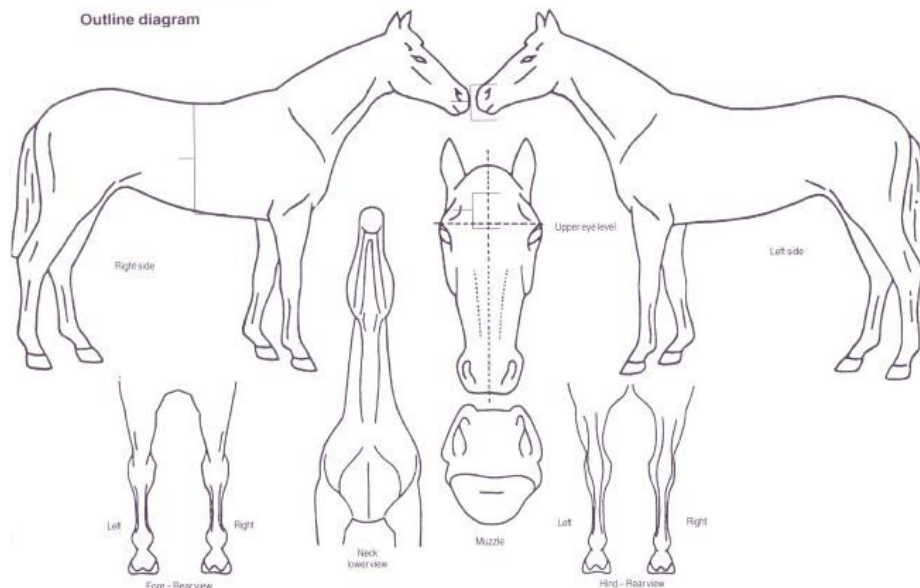
COLOUR:		SEX:	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare	<input type="checkbox"/> Stallion
BREED:		FOAL DATE:		HEIGHT in Hands:	
MICROCHIP Number:		If no microchip barcode sticker available, please write in the microchip number - it must meet Australian Standard AS 5018/5019 to be accepted. (Pet Safe, National Pet Register, Australasian Animal Registry, Central Animal Records)			
MARKINGS: (complete written description to clarify markings diagram)					
HEAD			SIRE:		
NEAR FORE:			DAM:		
OFF FORE:			SIRE OF DAM:		
NEAR HIND:					
OFF HIND:			BRAND NEAR SIDE:		
OTHER MARKINGS:			BRAND OFF SIDE:		

Draw Brands and White markings as they appear on the Horse

***If you do not complete the markings diagram, you must supply 3 photos showing the markings (as below) ***

Drawing MUST be completed accurately.

Position of scars to be marked with an X. Whorls to be marked with an X



THE EVENT THAT THE CERTIFICATE OF REGISTRATION HAS BEEN LOST/DESTROYED PLEASE ARRANGE FOR THE NEW OWNER/S AND THE PREVIOUS OWNER/S TO SIGN THE BELOW STATEMENT OF RELINQUISHMENT AND ACKNOWLEDGEMENT OF OWNERSHIP RESPECTIVELY.

I/We _____ of (address) _____

 acknowledge having **relinquished ownership** of the horse named & described on this form, as from (date) _____
 Signature _____ EA Member Number _____
 I/We _____ of (address) _____

 acknowledge **ownership** of the horse named & described on this form, as from (date) _____
 Signature _____ EA Member Number _____

STATUTORY DECLARATION

A statutory declaration is a legal document that contains a written statement about something that is true. It can be used as evidence. It must be witnessed by an approved person. A list of approved witnesses is available at www.ag.gov.au

STATUTORY DECLARATION TO BE USED ONLY IF YOU CANNOT GET THE PREVIOUS OWNER TO SIGN THE ABOVE SECTION

I, (full name) _____ EA Membership No: _____
 Of (address) _____
 (occupation) _____ do solemnly and sincerely declare that:

TRANSFER HORSE OWNERSHIP

I am the new owner of the horse; the Certificate of Registration has been lost/destroyed and/or I am unable to contact the previous owner to sign that they have relinquished ownership. I would like to apply to transfer the horse and receive a new Registration Certificate.

I hereby declare that the information provided in this statement is true and correct and I acknowledge that a false or misleading Statement may render me liable for disciplinary action at the discretion of the E.A.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*

Declared at _____ in the State/Territory of _____

this _____ day of _____ 20 _____

x _____ Signature of person making this declaration [to be signed in front of an **authorised witness**.
 (Statutory Declaration Signatory List is available at www.ag.gov.au)

Before me x _____ Signature of authorised witness/person before the declaration is made

Name of Witness/person: _____ Before whom the declaration is made

Address: _____ Postcode _____

Title or Qualification of Witness/person: _____ Before whom the declaration is made

- Transfer Life \$75.00 Transfer Base \$ free Dressage Bridle Numbers \$40.00 (mandatory for competitive Dressage)
 Dressage/Pony Licence Showjumping Licence Show Horse Licence Eventing Licence

PAYMENT DETAILS

Return: Email: enquiries@equestrianqld.com.au

{PLEASE NOTE: AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY TO ALL CREDIT CARDS} Total Payable: \$ _____

CREDIT CARD DETAILS			
TYPE OF CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	EXPIRY DATE /
NAME ON CARD:			
CARD NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>