

CARD NUMBER:

Equestrian Australia

Lease Notification Form



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.

See EA General Regulations for Rules.

THIS FORM IS NOT A LEASE AGREEMENT

	THIS FURIVI IS INC	JI A LEASE AGREEMENT		
REGISTRATION No	NAME OF HORSE			
			14514D5D NO	
OWNER/LESSOR'S NAME:			MEMBER NO.:	
POSTAL ADDRESS:				
SUBURB:			POST CODE:	
MOBILE:	EMAIL:			
LESSEE'S NAME:			MEMBER NO :	
LESSEE S NAIVIE.			IVILIVIDLIK IVO	
POSTAL ADDRESS:				
SUBURB:			POST CODE:	
MODUE	FAAALL			
MORITE:	EMAIL.			
PERIOD OF LEASE: (start)	datal	TO (expiry date)		
/We being the present registered	I owner/s have leased the above hors	se to the person/s above and apply to	register the lease.	
Signature of Owner/s:			Date:	
Signature of Lessee/s			Date:	
mportant Information:				
		vner/s & Lessee /s are current me		
	orm must be forwarded to the OW orm must have indicated a "Start I	ner's EA State Office within 30 da	ys of the "Start Date"	
		penalties), the Lessee will be cons	sidered the responsible p	party
		MUST BE SUBMITTED with this Lea		
	retained in the office for the dura	tion, and lease details recorded, th	ne EA will forward a new	Certificate to
the lessee.				
	OTIFICATION will only be accepte		atuussa kath usutiss ta .	
It is highly recommend issues at a later date.	led that you have a Legal Lease A	Agreement (contract) drawn up bo	etween both parties to j	prevent any leg
	fy the EA in writing on early termi	nation of the lease.		
 Incomplete application 	•			
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Lease Notification Fee		umbers \$44.00 (mandatory for Co		_
☐ Dressage Licence	Showjumping Licence	Show Horse Licence	Eventing Licence	е
	DAY	MACNIT DETAILS	Total Payable: \$	
Roturn		MENT DETAILS se Milton, 1.05/150 Caxton St,	MILTON O 4064	
CREDIT CARD DETAILS	PLEASE NOTE: AN ADDITIONAL 1.5 %	% BANK CHARGE WILL APPLY TO ALL	CKEDII CAKDS}	
TYPE OF CARD	□ VISA	☐ Mastercard	EXPIRY DATE	/
				· · · · · · · · · · · · · · · · · · ·
NAME ON CARD:				