

THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.

ABN 51 590 953 920.

**APPLICATION FOR REPLACEMENT OF
NATIONAL SADDLE HORSE REGISTRATION CERTIFICATE**

Member of SHC Association Yes No
(Association) (Member No.)

I/We hereby make application for Replacement of the N.S.H. Registration Certificate issued for the Horse:

_____ Reg. No.

| |
|------|
| H.C. |
|------|

(Print Name of Horse)

Reason Replacement required: _____

PRINT DETAILS OF HORSE

Date Foaled / / MARE GELDING ENTIRE

SIRE:

DAM :

COLOUR Approximate Height hh

MICROCHIP No.

I/We declare that those names of owners appearing on this Form fully disclose the True & Accurate Ownership (refer N.S.H. Registration Rules) of the horse described on this Form. If any incorrect information be furnished on this Application for registration, the Show Horse Council of Australasia Inc. may cancel the Registration & may discipline the Applicant/s & may also disqualify the horse.

PRINT OWNER/S SURNAME

GIVEN NAME

Mr/ Mrs/ Miss/ Ms 1.
2
3.

P.O. Box or Residential Address:

Ph. **Email:**

I/We agree to be bound by the Rules, Regulations, By-Laws & conditions of The Show Horse Council of Australasia Inc.

SIGNATURE/S OF OWNER/S

Date / / ... Quote A.B.N. No. if applicable

This Application Form to be forwarded fully completed, along with the required Fee to – THE REGISTRAR.
THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc. P.O. BOX 9015, WYOMING N.S.W. 2250

Ph/Fax 02.4324 1006 Email: romastone1@idx.com.au www.showhorsecouncilaust.com.au

FEE: Member \$44.00 Non Member \$88.00 - G.S.T. Incl. Payment by Cheque/Money Order/C.Card

CREDIT CARD PAYMENT OPTION: I wish to pay by Mastercard Visa

Amount: \$ Expiry Date:

Card Number: _____ / _____ / _____ / _____

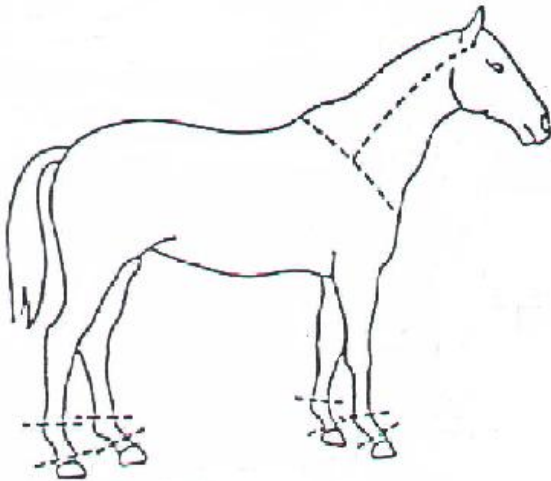
Cardholder's Name:

Cardholder's signature: (Ph.....)

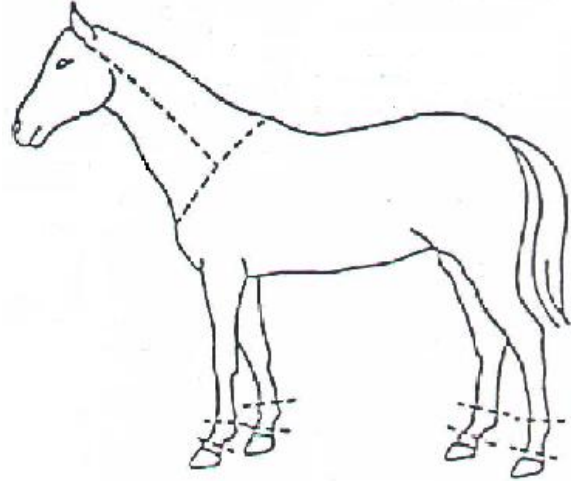
HORSE IDENTIFICATION

THE APPLICANT TO CLEARLY DRAW ALL BRANDS, WHITE MARKINGS, WHORLS (O) & SCARS (X) ON THE DIAGRAMS ASCERTAINED FROM A VISUAL INSPECTION OF THE HORSE.

HORSE OFF SIDE VIEW



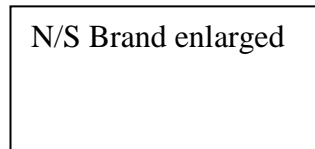
HORSE NEAR SIDE VIEW



O/S Brand enlarged



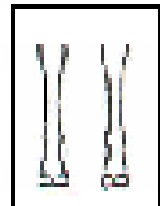
N/S Brand enlarged



FORE LEGS
REAR VIEW



HIND LEGS
REAR VIEW



I/We declare that the above is a true and accurate description of the horse named on this Application for Replacement Registration.Certificate

**SIGNATURE/S OF
OWNER/S** _____