

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 82 278 539 230)

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 ADDRESS |
| <input style="width: 100%;" type="text"/> |

| | |
|---|---|
| SUBURB | POST CODE |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

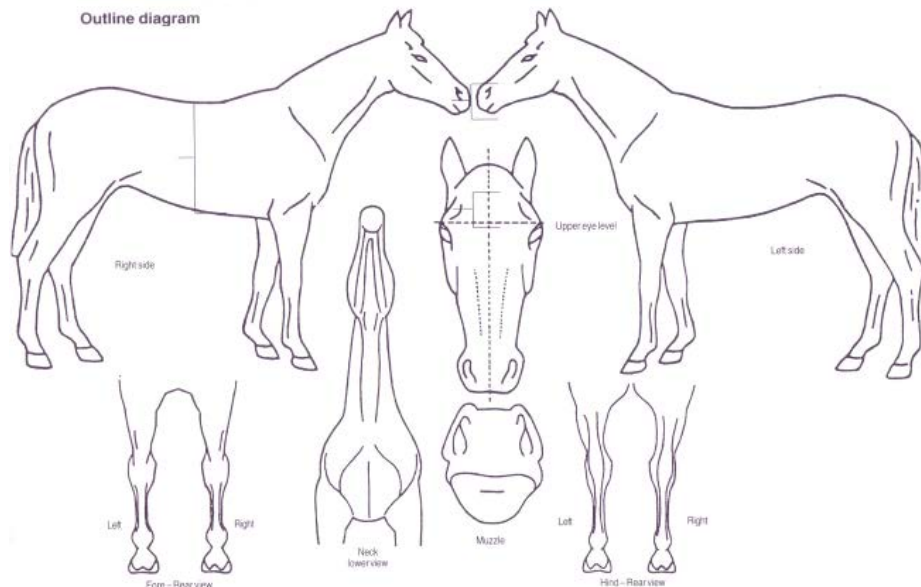
Phone: _____ Email: _____

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 Following 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
 Competition License Card Fee \$33.00
 Total Payable: _____
 Dressage card
 Show Jumping card
 Pony Dressage Card
 Eventing

PAYMENT DETAILS

Return Equestrian SA, Unit 10, 2 Cameron Road, MOUNT BARKER SA 5251 or Fax to 08 8391 5799

Please make cheque/money order payable to "Equestrian SA"

Faxed applications will not be accepted without credit card details.

{PLEASE NOTE: IF PAYING BY CREDIT CARD AN ADDITIONAL 1.8% BANK CHARGE WILL APPLY}

| | |
|---|---|
| PLEASE FILL IN FOR PAYMENT BY CREDIT CARD | |
| Signature _____ | |
| TYPE OF CARD | EXPIRY DATE / |
| <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex | |
| NAME ON CARD: | <input style="width: 100%;" type="text"/> |
| CARD NUMBER: | <input style="width: 100%;" type="text"/> |