

Equestrian Australia

Transfer of Horse Registration Application

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

PLEASE LIST THE NAMES AND ADDRESSES OF ALL NEW OWNERS

NEW PRIMARY OWNER'S NAME

MEMBER NO.

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NEW PRIMARY OWNER'S ADDRESS

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SUBURB

POST CODE

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Phone: _____ Email: _____

OTHER NEW OWNER/S (MUST BE CURRENT EA MEMBER/S) See EA General Regulations

NAME

MEMBER NO.

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NAME

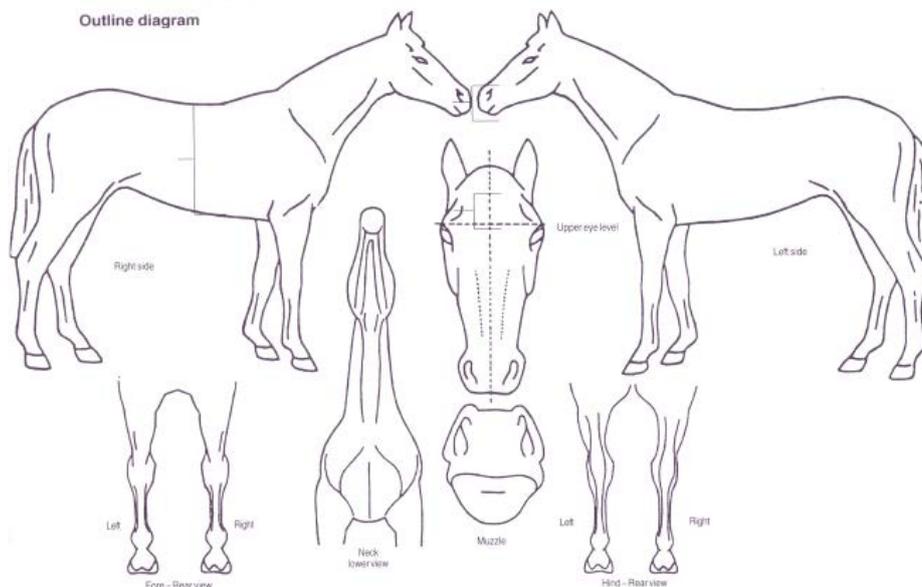
MEMBER NO.

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IS THIS HORSE CURRENTLY VACCINATED FOR THE HENDRA VIRUS? YES / NO. IF YES, DATE LAST VACCINATED: ___/___/___

COLOUR:		SEX:	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare	<input type="checkbox"/> Stallion
BREED:		FOAL DATE:		HEIGHT in Hands:	
MARKINGS: HEAD			SIRE:		
NEAR FORE:			DAM:		
OFF FORE:			SIRE OF DAM:		
NEAR HIND:					
OFF HIND:			BRAND N/S:		
OTHER MARKINGS:			BRAND O/S:		
			MICROCHIP No:		

The Following Diagram must be completed accurately. Position of scars to be marked with an X. Whorls to be marked with an X



STATUTORY DECLARATION

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 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.

Place your initials in the box beside State or Territory in which Statutory Declaration is being made.

<input type="checkbox"/>	NSW And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1900</i> .
<input type="checkbox"/>	VIC And I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.
<input type="checkbox"/>	QLD And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i>
<input type="checkbox"/>	SA And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1936</i>
<input type="checkbox"/>	WA And I make this solemn declaration by virtue of section 106 of the <i>Evidence Act 1906</i> .
<input type="checkbox"/>	TAS I make this solemn declaration under the <i>Oaths Act 2001</i> .
<input type="checkbox"/>	NT And I make this solemn declaration by virtue of the <i>Oaths Act</i> and conscientiously believing the statements contained in this declaration to be true in every particular. NOTE: A person wilfully making a false statement in a declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both
<input type="checkbox"/>	Comwlth/ACT And I make this solemn declaration by virtue of the <i>Statutory Declarations Act 1959</i> Statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

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: _____ PC _____

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

Transfer \$110 Total Payable: \$ _____

Dressage Card Pony Dressage Card Show Jumping Card Eventing Card **\$33.00 each**

PAYMENT DETAILS

Return to: Equestrian SA, Unit 10, 2 Cameron Road, MOUNT BARKER SA 5251

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

PLEASE FILL IN FOR PAYMENT BY CREDIT CARD																				
Signature _____																				
TYPE OF CARD	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard					EXPIRY DATE	/													
NAME ON CARD:																				
CARD NUMBER:																				

If paying by Cheque: mark it payable to Equestrian SA