

Equestrian Australia

Replacement of Certificate of 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

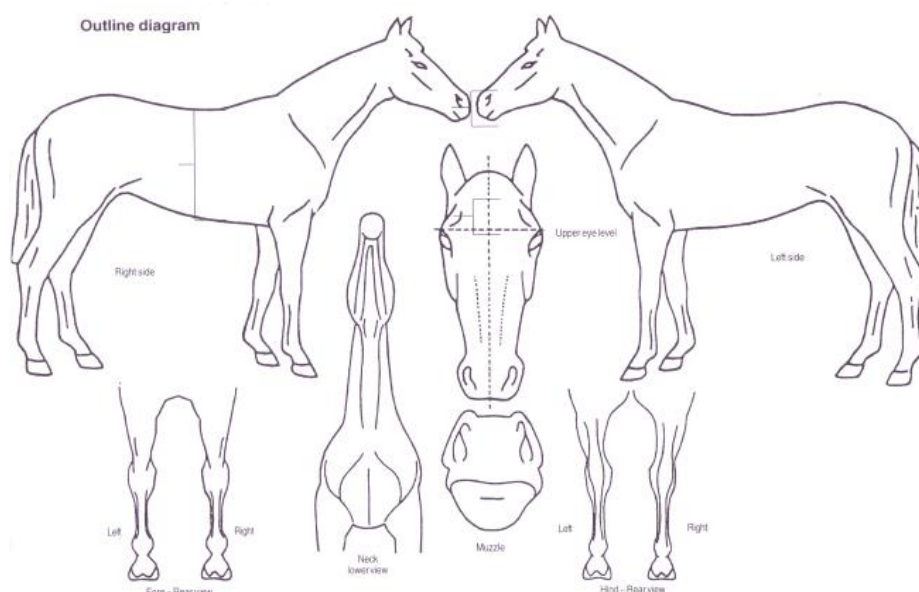
PRIMARY OWNER'S NAME	MEMBER NO.
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
PRIMARY OWNER'S ADDRESS	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
SUBURB	POST CODE
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Phone: _____ Email: _____

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

NAME	MEMBER NO.
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
NAME	MEMBER NO.
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 \$34.82
 Total Payable: _____

☐ Dressage card
 ☐ Show Jumping card
 ☐ Pony Dressage card
 ☐ Eventing card

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"

{NOTE: IF PAYING BY CREDIT CARD AN ADDITIONAL 1.8% BANK CHARGE WILL APPLY TO THE REPLACEMENT/DUPLICATE CERTIFICATE FEE}

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