

# SHOW HORSE COUNCIL OF AUSTRALASIA INC.



ABN 51 590 953 920

[www.showhorsecouncilaust.com.au](http://www.showhorsecouncilaust.com.au)

Email: admin@shca.org.au

UPDATED September 2018

## PAYMENT SHEET – Fees valid as from 1/7/2017

(To be completed & lodged with NSH Application/Papers and Fees by mail or email only.)

Address: NSH Registrar, SHC. P.O. Box 776 Richmond NSW 2753

### NSH REPLACEMENT REGISTRATION PAPERS:

TRANSFER or LEASE:	\$85 Gst incl.
LATE TRANSFER:	\$99 Gst incl.
NAME CHANGE OF HORSE:	\$99 Gst incl.
REPLACEMENT PAPERS:	\$85 Gst incl.
CORRECTION:	\$60 Gst incl.

PROCESS REQUIRED: Please circle.    Transfer    Late Transfer    Lease    Replacement Papers    Correction

NSH Transactions will only be processed if submitted by current financial members of The Show Horse Council of Australasia Inc. and its Affiliates.

MEMBER'S NAME .....

ADDRESS: .....

PHONE: .....    EMAIL: .....

NAME OF SHC AFFILIATE: .....

MEMBERSHIP No. .....    CURRENT TO DATE: .....

### PAYMENT DETAILS

Payable to Show Horse Council of Australasia Inc. by **PLEASE SELECT** Direct Debit, Visa/Mastercard or Cheque Amount: \$

DIRECT DEPOSIT    BSB 062 628    Account 0090 5955		<b>Reference:</b> Owner/Payee/ Horse Name	
CREDIT CARD PAYMENT OPTION		I wish to pay by <input type="radio"/> Mastercard <input type="radio"/> Visa	
AMOUNT: \$	EXPIRY DATE: _____/_____/_____	Mob _____	
C/C NUMBER: _____/_____/_____	CCV _____		
PRINT CARDHOLDERS NAME:			
CARDHOLDERS SIGNATURE:			

OFFICE USE:

Rec'd:

Processed:

Reg. No:- HC.

THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.  
ABN 51 590 953 920.

APPLICATION FOR REPLACEMENT OF NATIONAL SADDLE  
HORSE REGISTRATION CERTIFICATE

Current Member of ..... Member No. .... (Name of the  
SHC Affiliate (Club))

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

..... Reg. No. 

H.C.
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(Print Name of Horse)

**Reason Replacement required:** .....

PRINT DETAILS OF HORSE

Date Foaled / / MARE ..... GELDING ..... ENTIRE ..... SIRE:

.....

DAM : ..... COLOUR

.....Approximate Height ..... hh

**MICROCHIP COMPULSORY.** M/C 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. All owners MUST be Financial.

PRINT OWNER/S SURNAME

GIVEN NAME

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

P.O. Box or Residential Address: .....

.....P/C .....

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 Payment Sheet and required Fee by  
MAIL or EMAIL only to:

THE REGISTRAR. THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.  
P.O. BOX 776, RICHMOND N.S.W. 2753 Ph:  
02.4588 5005 Fax: 02.4588 5006

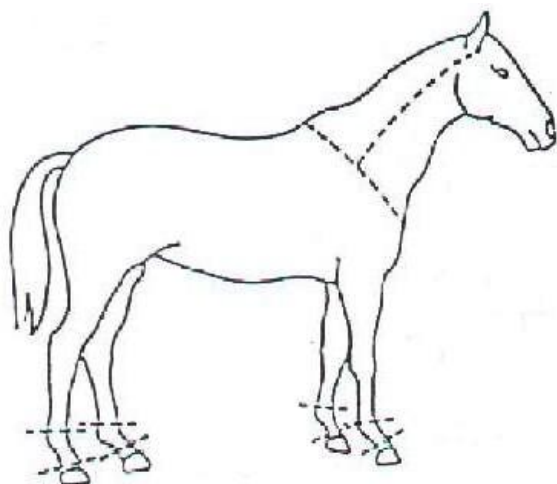
Email: [admin@shca.org.au](mailto:admin@shca.org.au)

[www.showhorsecouncilaust.com.au](http://www.showhorsecouncilaust.com.au)

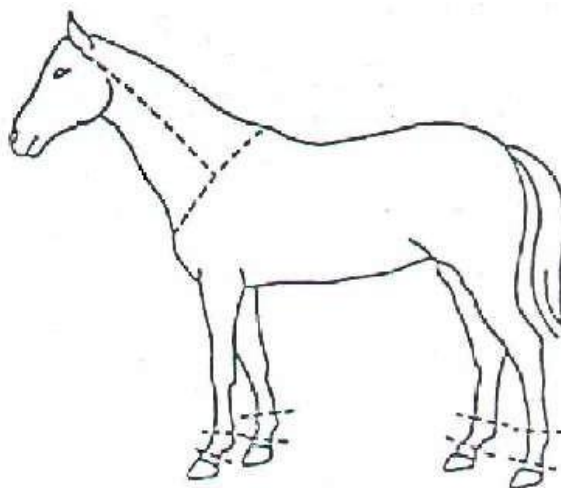
**HORSE IDENTIFICATION**

**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



Written Brand Description: \_\_\_\_\_

Written Markings Description: \_\_\_\_\_

I/We \_\_\_\_\_ declare that the above is a true and accurate description of the horse named on this Application for Replacement NSH Registration Certificate. Should this information be incorrectly provided by me to the Registrar I understand a Correction Fee will be applied to bring the Registration Certificate into order .

**SIGNATURE/S OF**

**OWNER:** \_\_\_\_\_ **Date** \_\_\_\_\_