

SHOW HORSE COUNCIL OF AUSTRALASIA INC.



ABN 51 590 953 920

www.showhorsecouncilaust.com.au

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 REGISTRATION:

NEW REGISTRATION APPLICATION:	\$120 Gst incl.
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.

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:**

PROCESS REQUIRED:

PAYMENT DETAILS

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

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

<u>OFFICE USE:</u>	Rec'd:	Processed:	Reg. No:- HC.
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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.

(Print Name of Horse)

Reason Replacement required:

PRINT DETAILS OF HORSE

Date Foaled / / MARE GELDING ENTIRE

SIRE:

DAM :

COLOURApproximate 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.

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:

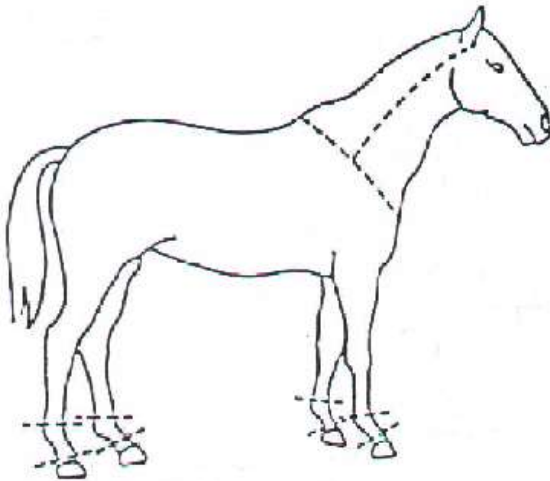
THE REGISTRAR. THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.
P.O. BOX 776, RICHMOND N.S.W. 2753
Ph: 02.4588 5005 Fax: 02.4588 5006

Email: nshregistrar@bigpond.com www.showhorsecouncilaust.com.au

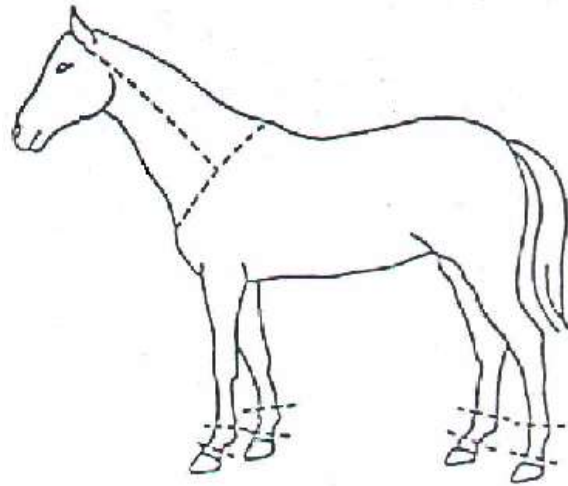
HORSE IDENTIFICATION

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



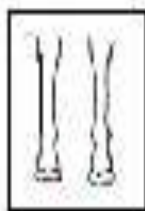
HORSE NEAR SIDE VIEW



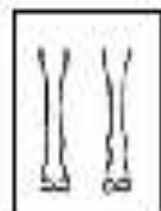
O/S Brand enlarged

N/S Brand enlarged

FORE LEGS
REAR VIEW



HIND LEGS
REAR VIEW



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/S** _____