



ABN 51 590 953 920

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

## PAYMENT SHEET - Fees valid from 01/08/2020

(To accompany all NSH applications via email or post)

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

Postal Address: NSH Registrar, PO Box 776, Richmond NSW 2753

**Please select from the below options:** (all fees are GST inclusive)

- ☐ **PRIORITY ADMIN FEE** (if applicable, see right) **\$50**  
☐ **New Registration** **\$135**

### Registration transfer Fees (select only one)

- ☐ **Transfer Fee** (If purchased within 30 days of sale/purchase date) **\$85**  
☐ **Late Transfer Fee** (If after 30 days of sale/purchase date) **\$100**

Original Certificate of Registration must be posted to the office

- ☐ **Lease Agreement** **\$100**  
☐ **Name Change of Horse/Pony** **\$100**  
☐ **Replacement Papers** **\$100**  
☐ **Correction Fee** **\$50**

A \$50 priority administration fee will apply to **ALL NSH APPLICATIONS** (including registrations, transfers, leases, name changes, corrections & replacement papers) lodged within **14 days** of the closing date of entries if the transaction is required to enter an event.

All NSH applications must be submitted by **CURRENT FINANCIAL MEMBERS** of an SHCA club Affiliate. (list on our website)

**Member's name:** .....

**Postal Address:** .....

**Mobile:** ..... **Email:** .....

**SHCA Affiliate/Club:** ..... **Membership #:** .....

**Performance Card required:** (please circle) **YES / NO**

**Required for show entries?** (please circle) **YES / NO**      **Which show?** .....

### PAYMENT DETAILS

Payable to The Show Horse Council of Australasia Inc.

|                                                             |                     |                                                                   |
|-------------------------------------------------------------|---------------------|-------------------------------------------------------------------|
| <b>DIRECT DEPOSIT:</b> BSB 062 628 Account Number 0090 5955 |                     | <b>Reference:</b> Owner and/or Horse Name                         |
| <b>CREDIT CARD PAYMENT OPTION</b> (please select)           |                     | Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> |
| <b>AMOUNT:</b> \$                                           |                     |                                                                   |
| <b>C/C NUMBER:</b>                                          | <b>EXPIRY DATE:</b> | <b>CCV:</b>                                                       |
| <b>CARDHOLDERS NAME:</b>                                    |                     |                                                                   |
| <b>CARDHOLDERS SIGNATURE:</b>                               |                     |                                                                   |
| <b>OFFICE USE:</b>                                          |                     |                                                                   |

Date Application Received:

Payment Date & Receipt Number:

Registration Number Issued: