



ABN 51 590 953 920

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

UPDATED 16 March 2026

# CORRECTION 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

**For Corrections the Original Certificate of Registration must be posted to the office**

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

- Correction \$50
- Priority Admin Fee (if applicable, see below) \$50

**NOTE:** Corrections are only to be used where there has been incorrect spelling, dates, markings or other information relevant to the horse and owner. If the owner's name is to be changed a Transfer or Lease form must be used. If the Horse/Pony name is to be changed a Horse/Pony Name Change form must be used.

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

All NSH applications must be submitted by current financial members of The Show Horse Council of Australasia Inc.

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

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

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

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

**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:

**CORRECTION – NATIONAL SADDLE HORSE REGISTER APPLICATION FORM**

**Name of Horse/Pony**

..... **Registration Number:** HC.....

**Correction Required:**

.....

**Previous/Incorrect Details:**

.....

**New/Correct Details:**

.....

**OFFICE USE:**

Applicant Error

Office Error

Other

I/We hereby make application to **correct the registration certificate** of a horse and certify that the details supplied on this form are true and correct in every way following a virtual inspection of the horse. I/We agree to be bound by the Rules, Regulations, By-Laws and conditions of The Show Horse Council of Australasia Inc. I/We declare that the names of owners appearing on the form fully disclose the true and accurate ownership (refer NSH Registration Rules) of the horse described on this form. If any incorrect information be furnished on this National Saddle Horse Register Application Form, The Show Horse Council of Australasia Inc. may cancel the registration and may discipline the applicant/s and may also disqualify the horse.

**Owner Name/s:**

1).....

2).....

3).....

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

**Suburb:** ..... **Postcode:** .....

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

**Signature/s of owner/s:** .....

**Date:** .....

**Once completed, submit your application to the NSH Registrar via email or post using the details below:**

NSH Registrar, The Show Horse Council of Australasia Inc.

PO Box 776, Richmond NSW 2753

**Phone:** 02 4588 5005 **Email:** [rego@shca.org.au](mailto:rego@shca.org.au)

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