

ABN 51 590 953 920

www.showhorsecouncilaust.com.au

UPDATED 31 July 2020

PAYMENT SHEET - Fees valid from 01/08/2020

(To accompany all NSH applications via email or post)

Email: rego@shca.org.au

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

Please select from the below options: (all fees are GS	ST inclusive)					
☐ New Registration	\$135					
☐ Priority Admin Fee (if applicable, see right)	\$50	A \$50 priority a	dministration fee will apply			
☐ Transfer (see note below)	\$85	· · · · · · · · · · · · · · · · · · ·	olications (registrations,			
(Original Certificate of Registration <u>must be posted</u> to the office			s, name changes,			
☐ Lease	\$100		eplacement papers) lodged			
☐ Late Transfer	\$100		1 (14) days of the closing			
(Applies to transfers received 30 days after sale/purchase date)			if the transaction is			
☐ Name Change of Horse/Pony	\$100	required to ent	er the event.			
☐ Replacement Papers	\$100					
☐ Correction	\$50					
All NSH applications must be submitted by current finance	ial members o	of The Show Horse Co	ouncil of Australasia Inc.			
Member's name:						
Doctol Address.						
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.						
DIRECT DEPOSIT: BSB 062 628 Account Number 0090 5955	F	Reference: Owner and	d/or Horse Name			
CREDIT CARD PAYMENT OPTION (please select) Mas	stercard \square	Vi	Visa □			
AMOUNT: \$						
C/C NUMBER:	EXF	PIRY DATE:	ccv:			
CARDHOLDERS NAME:						
CARDHOLDERS SIGNATURE:						
OFFICE USE:						

Date Application Received:

Payment Date & Receipt Number:

Registration Number Issued:

NATIONAL SADDLE	HORSE REGISTER APPLIC	ATION FORM – REPLACI	EMENT PAPERS	
Name of Horse/Pony				
	Registra	ation Number: HC		
Reason Replacement Required	<u>:</u>			
Please be aware that replacemen	nt papers can only be issued to	the listed owner/s of the hor	se/pony as per NSH records.	
	<u>Details of Hors</u>	se/Pony		
Foaling Date/DOB:	Mare 🗆	Gelding \square	Entire	
<u>Sire:</u>				
<u>Dam:</u>				
<u>Colour:</u>				
Microchip Number (15 digits)		-		
I/We hereby make application to re every way following a virtual inspe conditions of The Show Horse Coufully disclose the true and accurate incorrect information be furnished a Australasia Inc. may cancel the reg	ction of the horse. I/We agre incil of Australasia Inc. I/We ownership (refer NSH Regis on this National Saddle Horse	ee to be bound by the Rule declare that the names of c stration Rules) of the horse e Register Application Form	es, Regulations, By-Laws and owners appearing on the form described on this form. If any n, The Show Horse Council of	
	Owner Nan			
1)				
2)				
3)				
Postal Address:				
<u>Suburb:</u>		<u>Postcode</u> :		
Mobile:	<u>Email:</u>			
Signature/s of owner/s:				
<u>Date:</u>				
Once completed, submit you	r application to the NSH Regist	rar via email or post using th	e 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
Website: www.showhorsecouncilaust.com.au