

DOGS NSW

SIGNATURE AUTHORITY APPLICATION



Business Address:

The Bill Spilstead Complex for Canine Affairs
44 Luddenham Rd, Orchard Hills NSW 2748

Postal Address:

PO Box 632, St. Marys NSW 1790

Ph: (02) 9834 3022

Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

Email: info@dogsnsw.org.au

FOR TRANSACTIONS RELATING TO A DOG HELD IN JOINT OR MULTIPLE MEMBERSHIPS

Name of the dog to which this application applies:	Registration No.
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Name of Registered Part Owner 1	Membership No.
Name of Registered Part Owner 2	Membership No.
Name Registered Part Owner 3	Membership No.
Name Registered Part Owner 4	Membership No.

We, being all of the current registered part-owners of the abovementioned dog, hereby authorise DOGS NSW to accept the **SIGNATURES** of the Part-Owner/s indicated below, for transactions AS INDICATED:

(PLEASE CIRCLE YES OR NO OR THE NUMBER AS INDICATED)

1. Any one of the part-owners listed above YES / NO

Or

2. The signatures of **EACH OF** the following Registered Owners: 1 2 3 4

For the following transactions:

1. To sign all transaction applications in relation to this dog. YES / NO

Or

2, To sign all transaction applications in relation to this dog **except** Transfer of the Dog YES / NO

(If YES is circled in this part, all owners must sign a Transfer Application in respect of this dog)

SIGNED: **Reg. Part Owner 1.** _____ **Date** _____

Reg. Part Owner 2. _____ **Date** _____

Reg. Part Owner 3. _____ **Date** _____

Reg. Part Owner 4. _____ **Date** _____

The completed Signature Authority Application should be forwarded to:

The Secretary
DOGS NSW
PO Box 632
ST MARYS NSW 1790

Note: Written cancellation of a previous Signature Authority Application in respect of any dog, given by any one of the part-owners of that dog, shall be sufficient for DOGS NSW to revert to requiring the signatures of all owners or part owners of a dog in respect of any subsequent transaction.