

DOGS NSW



TRANSFER OF PREFIX FEE \$79.00

(Above fee does not include Members Education Prefix Program Examination Fee if required - see below)

Business Address:

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

Ph: (02) 9834 3022

Fax: (02) 9834 3872

Postal Address:

PO Box 632, St. Marys NSW 1790

Website: www.dogsnsw.org.au

Email: info@dogsnsw.org.au

PLEASE USE BLOCK LETTERS

Name of Registered Breeders Prefix _____

Name(s) of current Registered Owner _____

Membership Number(s) _____

Address _____

_____ Post Code _____

Signature(s) of Registered Owner (s) _____ Date _____

I/We agree to transfer the abovementioned Breeders Prefix to:

Name(s) of New Owner(s) _____

Membership Number(s) _____

Address _____

_____ Post Code _____

***Has the proposed new owner held a prefix in the last 10 years? Yes No *If no, you must complete the Members Education Prefix Program Examination and forward a total fee of \$205.00. The Prefix will not be transferred until you achieve a pass. Please contact the office if you require further information.**

Signature(s) of New Owner (s) _____ Date _____

The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.

- Proof of Residency required for all New Owners of this Prefix
- Is the Prefix currently financial? If no, any renewal fees due must be paid before this transfer application can be processed
- Has the person whom the Prefix is being transferred too held a membership of Dogs NSW for a continuous period of 12 months and currently a full member?
- Any bitch to be used for breeding under the Prefix must be transferred to the same ownership as the Prefix before any litter can be registered.
- Have **ALL** Registered Owners and New Owners sign this application

Credit Card Details

Mastercard Visa Expiry Date _____ / _____

Card Number CCV: _____

* \$1.00 for services paid by credit cards will apply.

Please debit my credit card for the amount of \$ _____ + \$1.00 Credit Card surcharge Signature: _____

The completed application should be forwarded to:

The Secretary
Dogs NSW
P.O. Box 632
ST MARYS NSW 1790