



DOGS NSW - TRANSFER OF PREFIX FROM INTERSTATE

IMPORTANT NOTE

This form is for current financial Members who wish to transfer their Prefixes to DOGS NSW. Members must be identical to the owners who currently hold the Prefix interstate and must currently reside in NSW showing proof of residence.

PLEASE USE BLOCK LETTERS:

| | |
|---|--|
| Members Name (s): | |
| Prefix Name: | |
| State which the Prefix is currently held: | |
| Interstate Body Membership Number: | |
| DOGS NSW Membership Number: | |
| Address: | |

I / we agree to transfer the abovementioned Breeders Prefix to DOGS NSW

| | | | |
|---------------------------|--|-------|--|
| Signature of New Owner #1 | | Date: | |
| Signature of New Owner #2 | | 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.

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| <input type="checkbox"/> Proof of Residency required for all New Owners of this Prefix. |
| <input type="checkbox"/> Is the Prefix currently financial? (Including interstate) If no, any renewal fees due must be paid before this transfer application can be processed. |
| <input type="checkbox"/> Is the person whom the Prefix is being transferred to currently a full member of DOGS NSW? |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Have ALL Registered Owners and New Owners signed this application. |

PAYMENT DETAILS:

| | |
|---|------------------------|
| Credit Card type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa | |
| Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Expiry Date: / CCV No: |
| Charge my Credit Card for the amount of \$ | |
| Signature of Cardholder: | Date: |

The completed application should be forwarded to: The Secretary, DOGS NSW, P.O. Box 632, St Marys NSW 1790
Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW
Phone 02 9834 3022 or email info@dogsnsw.org.au