

## Equestrian Australia

**NT Transfer of Horse Registration Application** 



This Form becomes a Tax Invoice on payment. Please copy for your records.(Branch ABN 96 435 295 476)

Applications can only be accepted from current EA Members.

REGISTRATION No								NAME OF HORSE																				
PLE/	ASE L	IST T	'HE N	IAME	S AI	ND A	DDR	ESSE	S OF	ALL	NEW	/ OW	NER	s														
NEW PRIMARY OWNER'S NAME																			MEMBER NO.									
NEV	/ PRI	MAR	YOV	VNER	'S A	DDRI	SS														-4							
SUB	URB																		POST CODE									
Pho	ne: _								Em	ail:																		
отн	ER O	WNE	R/S	(Mus	st be	Curi	ent l	EA IV	1emb	er/s	) See	EA C	Gene	ral R	egula	atior	IS											
NAME																		MEMBER NO.										

## NAME MEMBER NO.

COLOUR:		SEX:		□ Gelding □ Mare □ Stallion					
BREED:	FOAL DATE:		HEIGHT in Hands:						
MARKINGS: HE	AD	SIRE:							
NEARFORE:		DAM:							
OFFFORE:		SIREOFDAM:							
NEAR HIND:									
OFF HIND:		BRAND N/S:							
OTHER MARKI	NGS:	BRAND O/S:							
		MICROCHIPNo:							

The Following Diagram must be completed accurately. Position of scars to be marked with an X. Whorls to be marked with an X



## **STATUTORY DECLARATION**

<b>,</b> (full name)	EA Membership No:
of (address)	
(occupation)	do solemnly and sincerely declare that:

I am the new owner of the horse, the Certificate of Registration has been lost/destroyed and I would like to apply to transfer the horse and receive a new Certificate of Registration.

I hereby declare that the information provided in this statement is true and correct and I acknowledge that a false or misleading Statement may render me liable for disciplinary action at the discretion of Equestrian Australia.

Place your initials in the box beside State or Territory in which Statutory Declaration is being made.

	<b>N.S.W.</b> - And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1900</i> .								
	<b>VIC.</b> - And I acknowledge that this declaration is true and correct, and I make it in the beliefthat a person making a false declaration is liable to the penalties of perjury.								
	<b>QLD.</b> - And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i>								
	<b>S.A.</b> - And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1936</i>								
	<b>W.A.</b> - And I make this solemn declaration by virtue of section 106 of the <i>Evidence Act 1906</i> .								
	<b>TAS.</b> - I make this solemn declaration under the <i>Oaths Act 2001</i> .								
N.T And I make this solemn declaration by virtue of the Oaths Act and conscientiousl believing the statements contained in this declaration to be true in every particular. No person wilfully making a false statement in a declaration is liable to a penalty of \$2,0 imprisonment for 12 months, or both									
	<b>CTH/ACT</b> And I make this solemn declaration by virtue of the <i>Statutory Declarations Act 1959</i> Statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular								
Declared at	in the State/Territory of								
this	day of 20								
x	Signature of person making this declaration [to be signed in front of an authorised witness]								
Before me x_	Signature of authorised witness/person before the declaration is made								
Name of Witr	ness/person:Before whom the declaration is made								
Address:	PC								
Title or Qualif	ication of Witness/person:Before whom the declaration is made								
□Transfer \$50	.00 Total Payable:\$								
□ Dressage card □ Showjumping card □ Show Horse card ( <i>not sent out</i> )□ Eventing card ( <i>not sent out</i> )									
	PAYMENT DETAILS								
•	ns to be returned to: <u>@ent.org.au</u> (preferred) or mail: PO Box 901, Coolalinga NT 0839								
Payment can be	e made by bank deposit or credit card.								
	Equestrian NT, BSB 085933, Acc 835691735 by credit card, original form must be signed and scanned.								
PLEASE FILL IN FO	R PAYMENT BY CREDIT CARD Signature								
1									

TYPE OF CARD	UVISA Mastercard EXPIRY DATE											/		
NAME ON CARD											сvv			
CARD NUMBER:														