

PO Box 5620,  
 Canning Vale South, WA 6155  
 Email: [secretary@afwhs.com.au](mailto:secretary@afwhs.com.au)  
 ARN: 166 952 478  
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**APPLICATION  
 FOR  
 REPLACEMENT  
 CERTIFICATE OF  
 REGISTRATON**

**\*PLEASE NOTE THAT THERE IS UP TO A 30 DAY TURN-AROUND TIME FOR THE PROCESSING AND RETURN OF ALL PAPERWORK\***

DETAILS OF HORSE TO BE REGISTERED			
Horse's Name			AFWHS Rego #:
Sex (tick applicable)	Male (entire) <input type="checkbox"/>	Male (gelded) <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:			
% Friesian:	Colour:	Brand Diagram (N/S & O/S)	Height (at maturity):
Microchip Number:			
Brand-written description:			

Please use Page 2 to record any markings/scars/whorls

DETAILS OF SIRE AND DAM	
Name of Sire:	Name of Dam:
Breed of Sire:	Breed of Dam:
Registration Details (if applicable):	Registration Details (if applicable):

DETAILS OF OWNER		
Name:	AFWHS Member No.:	
Address:	State:	P/C:
Phone:	Date of Horse Ownership:	
Email:		

DETAILS OF BREEDER (if known)		
Name:	Stud Name:	
Address:	State:	P/C:
Phone:	AFWHS Member No.:	
Email:		

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

1. This Application for Replacement of Certificate of Registration form is for the replacement of lost/stolen Certificate of Registration cards.
2. **All** sections **MUST** be completed and **both pages** of the form must be submitted.
3. We require the details again, in full, to compare to our records to ensure we are issuing a replacement Certificate for the correct horse.
4. A complete and accurate description of the horse must be recorded (i.e. colour, markings, brands, etc). **This form MUST have the brand and/or microchipped before it can be accepted.**
5. **Two photos of the horse must accompany this application**—one from each side and clearly showing any markings— clearly identifying the horse.
6. In the event of a stolen Certificate of Registration, we require a Statutory Declaration confirming the card has been stolen.
7. **The Replacement fee applicable at the time must accompany this application**—no horse can be registered until this fee is received. The replacement fee is \$20.00.  
 Note: the owner must be a financial member of the Australian Friesian Warmblood Horse Society Inc at the time of application.
8. Please use biro when completing this form and please print clearly.
9. Please ensure all information requested is supplied.
10. Please ensure that all information provided is correct as the Society depends upon the information supplied by the breeders/owners to maintain an accurate Register of Friesian Warmblood horses.

**Note: In order to transfer ownership of the horse, please contact the Secretary for a Transfer form—[secretary@afwhs.com.au](mailto:secretary@afwhs.com.au)**

**FULL DESCRIPTION OF MARKINGS/SCARS/WHORLS**

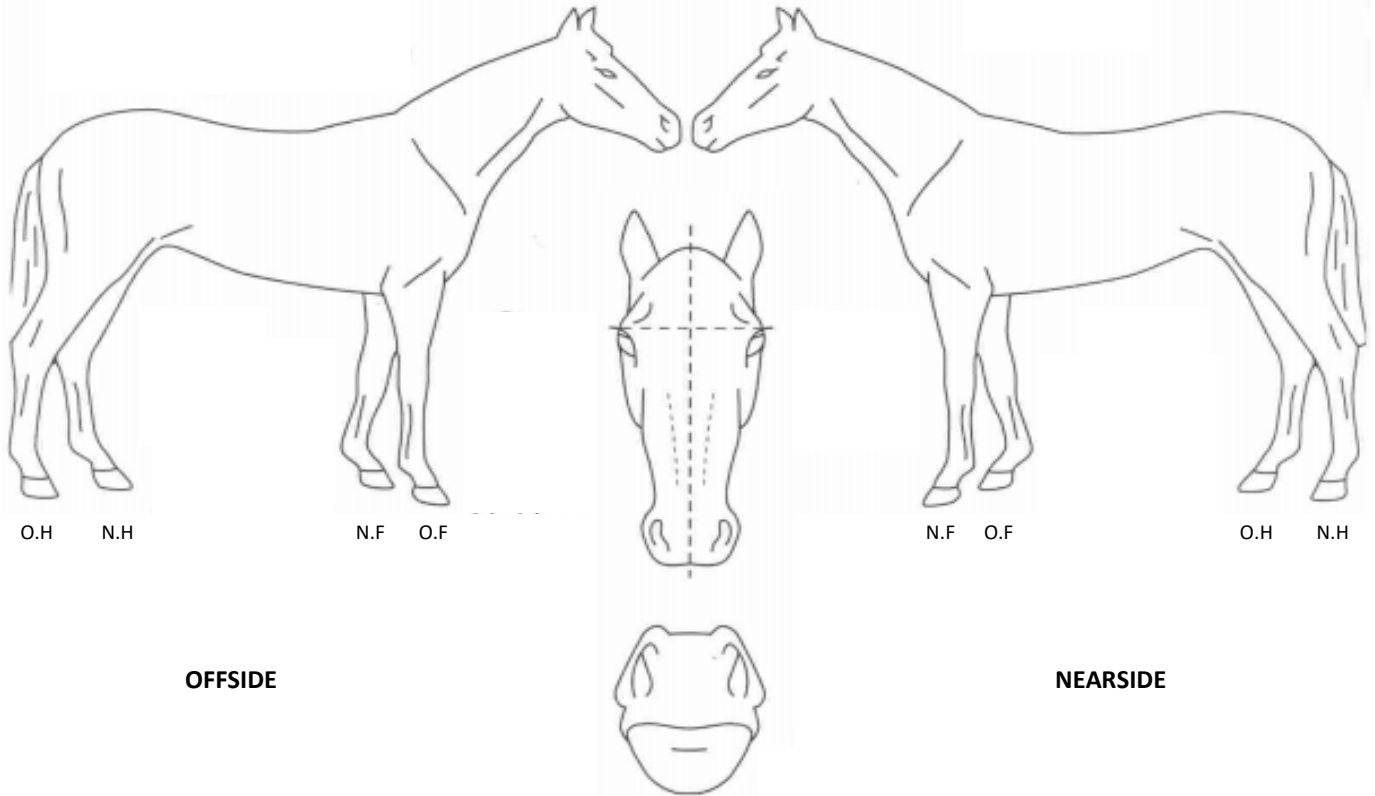
*Please use as much detail in the description of the horse; remember to mark all white areas, whorls and scars*

**HEAD:**

**NEAR SIDE:**

**OFF SIDE:**

Please correctly identify any white markings in red. All scars and whorls (with an "x") are to be marked in black.



**PAYMENT DETAILS-**

**REPLACEMENT FEE— \$20.00**

Method of Payment:  Cheque or Money Order made payable to AFWHS Inc (post to address listed at top left of form)  
 (please tick)  Direct Deposit (bank details below— please include your surname as reference— complete the details below and attach a copy of the receipt (your order may not be accepted without this receipt))

**Account Name: AUSTRALIAN FRIESIAN WARBLOOD HORSE SOCIETY INC**  
**BSB— 086 535 ACCOUNT—862499845**

<b>Date of Deposit:</b>	<b>Reference Used:</b>	<b>Copy of Receipt Attached:</b> <input type="checkbox"/>
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Signed (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Membership Current: Yes/No (circle)

Please note that failure to complete the form accurately, which results in errors (due to inaccurate information being supplied on the form) will incur a fee of \$10 for a replacement Certificate of Registration. By signing above, you confirm that you have reviewed the details of this application and take responsibility for it's accuracy.

**OFFICE USE ONLY**

Date Received:	Paid on: _____ by: Chq MO Direct	Receipt # Issued:
<b>DATE ENDORSED:</b>	<b>REGISTRATION NUMBER:</b>  /2	<b>NOTARISED:</b>