PO Box 5620,

Canning Vale South, WA 6155

Email: secretary@afwhs.com.au

ARN: 166 952 478 IARN: A1015671D

Date Received:

Card Endorsed On:



## TRANSFER OF OWNERSHIP

| HORSE TO BE TRANSFERRED  |             |                  |        |  |                 |  |
|--|-------------|------------------|--------|--|-----------------|--|
| Registered Name:   |             |                  | А      | AFWHS Registration No:                               |                 |  |
| Microchip Scanned (please tick): ☐ Yes ☐ No If yes, number:  |             |                  | Se     | Sex (please tick): ☐ Female ☐ Male (entire) ☐ Gelded |                 |  |
| CELLEDS DETAILS  |             |                  |        |  |                 |  |
| SELLERS DETAILS  |             |                  |        |  |                 |  |
| Title: First Name:   |             |                  | Surnam | Surname:   |                 |  |
| Address:   |             |                  | T .    | State: Postcode:                                     |                 |  |
| Email: Phone:  |             |                  |        |  |                 |  |
| I acknowledge having RELINQUISHED ownership of the horse, as described above— effective as of (date):  |             |                  |        |  |                 |  |
| Signed by Seller: AFWHS Member   |             | AFWHS Member No: |        | Date:  |                 |  |
| PURCHASERS DETAILS   |             |                  |        |  |                 |  |
| Title:   | First Name: |                  | Surnam | ırname:  |                 |  |
| Address:   |             |                  |        | State:   | Postcode:       |  |
| Email:   |             |                  | Phone: | Phone:   |                 |  |
| I acknowledge having ACCEPTED ownership of the horse, as described above— effective as of (date):  |             |                  |        |  |                 |  |
| Signed by Purchaser:   |             | AFWHS Member No: |        | Date:  |                 |  |
|  |             | '                |        |  |                 |  |
| CONDITIONS:  |             |                  |        |  |                 |  |
| • You must be a current financial member of the AFWHS Inc to have and AFWHS registered horse transferred to you. If you are not, please contact the Secretary—secretary@afwhs.com.au to obtain a Membership Application form to accompany this Transfer of Ownership form.   |             |                  |        |  |                 |  |
| • Transfer of ownership will be recorded in the books of the AFWHS Inc, subject to this form being lodged ad the <u>original</u> Certificate of Registration being signed both Seller and Buyer, and endorsed by the Society. This form must be completed within 30 days of the date of sale, in accordance with Regulations of the Society. |             |                  |        |  |                 |  |
| • The <b>original Certificate of Registration</b> MUST <b>accompany</b> the Transfer of Ownership form. If the Certificate of Registration is altered by any person other than the Registrar of the AFWHS, <b>the registration of the horse may be compromised.</b>  |             |                  |        |  |                 |  |
| • If the horse is being sold or purchased jointly, each person must supply their details in full and sign as per above.  |             |                  |        |  |                 |  |
| • The transfer free of \$30.00 which can be paid via the payment methods listed below. Note: the Society charges a fee for the replacement of Certificate of Registrations.  |             |                  |        |  |                 |  |
|  |             |                  |        |  |                 |  |
| PAYMENT DETAILS TRANSFER OF OWNERSHIP FEE- \$30.00   |             |                  |        |  |                 |  |
| 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   |             |                  |        |  |                 |  |
| Account Name: AUSTRALIAN FRIESIAN WARMBLOOD HORSE SOCIETY INC  |             |                  |        |  |                 |  |
| Date of Deposit:   |             | Reference Used:  |        | Copy of Re   | ceipt Attached: |  |
| OFFICE USE ONLY  |             |                  |        |  |                 |  |

by: Chq

by:

МО

Direct

Receipt # Issued:

Dated Sent:

Paid on:

Signed: