PLEASE USE BLOCK LETTERS

CURRENT REGISTERED OWNER(S)

Name of Registered Breeders Prefix:

Name(s) of current Registered Owner(s):

Membership Number(s):

Address:

Signature of Registered Owner #1 *Use Adobe Reader to click here and sign digitally* **Date:**

Signature of Registered Owner #2 *Use Adobe Reader to click here and sign digitally* **Date:**

NEW OWNER(S) I/we agree to transfer the abovementioned Breeders Prefix to:

Name(s) of New Owner(s):

Membership Number(s):

Address:

*** 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 and forward a total fee of **$263.00**. The Prefix will not be transferred until you achieve a pass. Please contact the office on 02 9834 3022 or via email at info@dogsnsw.org.au if you require further information.

Signature of New Owner #1 *Use Adobe Reader to click here and sign digitally* **Date:**

Signature of New Owner #2 *Use Adobe Reader to click here and sign digitally* **Date:**

CHECKLIST

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 (including from interstate)? If no, any renewal fees due must be paid before this application can be processed.
- ☐ Is the person whom the Prefix is being transferred to, currently a full member of DOGS NSW?
- ☐ 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 signed this application.

PAYMENT METHOD Select one • check "Scale of Charges" for current fees

OPTION 1 ☐ **Paid via DOGS NSW Secure Payment Portal**

Payment to be made at **www.dogsnsw.org.au/payments**

OPTION 2 ☐ **Bank transfer**

Please include a copy of payment with your application. Use your invoice or membership number as the reference.

Account	**DOGS NSW**	BSB	**062-597**
Bank	**CommBank**	Acc No.	**10254964**

OPTION 3 ☐ **Invoice me**

DOGS NSW will issue an invoice for the fees payable on this application. Include the email address you would like the invoice sent to.

EMAIL INVOICE TO

OPTION 4 ☐ **Credit card** Please charge my credit card

CARD TYPE ☐ Mastercard ☐ Visa

CARD NUMBER **EXPIRY (MM/YY)** **CCV** **AMOUNT ($)**

SIGNATURE OF CARDHOLDER *Use Adobe Reader to click here and sign digitally* **DATE (DD/MM/YYYY)**

HOW TO LODGE

Send your completed form to

EMAIL
Email this form to
info@dogsnsw.org.au

POST
Post to
DOGS NSW, PO Box 632, St Marys NSW 1790

PHONE
Enquiries
(02) 9834 3022