



# DOGS NSW - TRANSFER OF PREFIX

**PLEASE USE BLOCK LETTERS:**

Name of Registered Breeders Prefix:	
Name(s) of current Registered Owner(s):	
Membership Number(s):	
Address:	Postcode:
Signature(s) of Registered Owner(s):	Date:
I/we agree to transfer the abovementioned Breeders Prefix to:	
Name(s) of New Owner(s):	
Membership Number(s):	
Address:	Postcode:

\* 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 \$205.00. 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](mailto:info@dogsnsw.org.au) if you require further information.

Signature(s) of New Owner(s):	Date:
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**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? If no, any renewal fees due must be paid before this transfer application can be processed.
- Has the person whom the Prefix is being transferred to, held a membership of DOGS NSW for a continuous period of 6 months and currently a full member?
- 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 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: / CCV
No:	
<p style="color: red;">I wish to donate to the RNSWCC Health &amp; Welfare Charity Ltd. Donations greater than \$2.00 are Tax Deductible. <input type="checkbox"/> Yes <input type="checkbox"/> No My donation amount is \$ _____ More information about RNSWCC Health &amp; Welfare Charity Ltd can be found a <a href="http://www.dogsnsw.org.au">www.dogsnsw.org.au</a></p>	
Charge my Credit Card for the amount of \$ + \$1.00 Credit Card surcharge.	
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](mailto:info@dogsnsw.org.au)