DOGS NSW | TRANSFER OF PREFIX FROM INTERSTATE

IMPORTANT NOTE
This form is for current financial Members who wish to transfer their Prefixes to DOGS NSW. Members must be identical to the owners who currently hold the Prefix interstate and must currently reside in NSW showing proof of residence.

PREFIX DETAILS PLEASE USE BLOCK LETTERS

Members Name(s):	Prefix Name:

State which the Prefix is currently held:	Interstate Body Membership Number:

DOGS NSW Membership Number:	Address:

TRANSFER I/we agree to transfer the abovementioned Breeders Prefix to DOGS NSW

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 interstate) If no, any renewal fees due must be paid before this transfer 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