

SHOW HORSE COUNCIL OF AUSTRALASIA INC.



ABN 51 590 953 920

www.showhorsecouncilaust.com.au

UPDATED August 2019

PAYMENT SHEET - Fees valid from 15/12/2018

(To accompany all NSH applications via email or post)

Email: members@shca.org.au

Postal Address: NSH Registrar, PO Box 776, Richmond NSW 2753

Please select from the below options: (all fees are GST inclusive)

- | | |
|--|-------------|
| <input type="checkbox"/> New Registration | \$120 |
| <input type="checkbox"/> Priority Admin Fee (if applicable, see right) | \$50 |
| <input type="checkbox"/> Transfer
(Transfer applications must be posted to the office) | \$85 |
| <input type="checkbox"/> Lease | \$85 |
| <input type="checkbox"/> Late Transfer
(Applies to transfers received 30 days after sale/purchase date) | \$99 |
| <input type="checkbox"/> Name Change of Horse/Pony | \$99 |
| <input type="checkbox"/> Replacement Papers | \$85 |
| <input type="checkbox"/> Correction | \$60 |

A \$50 priority administration fee will apply to **ALL NSH applications** (registrations, transfers, leases, name changes, corrections & replacement papers) lodged within **fourteen (14) days** of the closing date of entries if the transaction is required to enter the event.

All NSH applications must be submitted by current financial members of The Show Horse Council of Australasia Inc. and its affiliates. All membership enquiries need to be directed to the relevant affiliate.

Member's name:

Postal Address:

Mobile: **Email:**

SHCA Affiliate/Club: **Membership #:**

Performance Card required: (please circle) YES / NO

Required for show entries? (please circle) YES / NO **Which show?**.....

PAYMENT DETAILS **Please select one option below:**

Payable to the Show Horse Council of Australasia Inc. Direct Deposit Visa/Mastercard Cheque

DIRECT DEPOSIT: BSB 062 628 **Account Number:** 0090 5955 **Reference:** Owner and/or Horse Name

CREDIT CARD PAYMENT OPTION (please select) Mastercard Visa

AMOUNT: \$

C/C NUMBER: **EXPIRY DATE:** **CCV:**

CARDHOLDERS NAME:

CARDHOLDERS SIGNATURE:

OFFICE USE:

Date Application Received:

Payment Date & Receipt Number:

Registration Number Issued:

NATIONAL SADDLE HORSE REGISTER APPLICATION FORM – CORRECTION

Name of Horse/Pony

.....

Registration Number: HC.....

Correction Required:

.....

Previous/Incorrect Details:

.....

New/Correct Details:

.....

OFFICE USE:

Applicant Error

Office Error

Other

I/We hereby make application to register a horse and certify that the details supplied on this form are true and correct in every way following a virtual inspection of the horse. I/We agree to be bound by the Rules, Regulations, By-Laws and conditions of the Show Horse Council of Australasia Inc. I/We declare that the names of owners appearing on the form fully disclose the true and accurate ownership (refer N.S.H Registration Rules) of the horse described on this form. If any incorrect information be furnished on this National Saddle Horse Register Application Form, the Show Horse Council of Australasia Inc. may cancel the registration and may discipline the applicant/s and may also disqualify the horse.

Owner Name/s:

1).....

2).....

3).....

Postal Address:

Suburb: **Postcode:**

Mobile: **Email:**

Signature/s of owner/s:

Date:

Once completed, submit your application to the NSH Registrar via email or post using the details below:

NSH Registrar, Show Horse Council of Australasia Inc.

PO Box 776, Richmond NSW 2753

Phone: 02 4588 5005 **Email:** members@shca.org.au

Website: www.showhorsecouncilaust.com.au