



SHCA Inc. LODGMENT FOR ALLEGED DISPUTES



For incidents of a serious nature outside the jurisdiction of an Affiliate.

This application is to be submitted to Disputes/Disciplinary Committee

c/- SHCA Secretary, PO Box 776 Richmond NSW 2753

Email: secretary@shca.org.au

Lodgment Fee: \$100 (Non Refundable)

1) Details of Person making Alleged Dispute:

Name: _____

Member Number: _____

Address: _____

Mobile: _____

Email Address: _____

2) Details of Person who the Alleged Dispute refers to:

3) Details of Alleged Dispute:

Date Alleged Dispute Occurred: _____

Time: _____

Place: _____

Details of Alleged Dispute:

(If additional attach as Appendix.)

4) Identify relevant SHCA Inc. rules that consider relate to the alleged dispute:

5) Any other information:

Appendix:

Please attach any other relevant documents for consideration: eg Statutory Declarations, Witness Statements or any other relevant information.

If the Lodgment Form is incomplete or fails to identify from the SHCA Rules any that may relate to the alleged Dispute, the Application will be unable to proceed further until Form has been returned to sender & rectified.

SHCA Constitution & Rules available on www.showhorsecouncilaust.com.au

Lodgment Fee:

\$100 inc. GST (non-refundable)

Payment of this application must be made by direct deposit to the Show Horse Council of Australasia Inc.

ABN: 51 590 953 920

Bank: Commonwealth Bank of Australia

BSB: 062 628

Account Number: 0090 5955

Reference: DD Fee + (Name)

Please attach a copy of the payment confirmation/receipt.

In lodging this application I state to best of my knowledge the information contained is true & correct.

Print Name: _____

Signature: _____ **Date:** _____