

LEASE NOTIFICATION FORM 2017/2018

****THIS FORM IS NOT A LEASE AGREEMENT****

As at 1st June 2017

NAME OF HORSE	REGISTRATION No

PLACE MEMBER LABEL HERE OR COMPLETE THE FOLLOWING:

Name of Lessor/s (OWNER): Membership No

Address:

Post Code: Phone: PIC Number:.....

(Property where horse resides)

Name of Lessee/s: Membership No.....

Address:

Post Code : Phone: PIC Number:.....

(Property where horse resides)

PERIOD OF LEASE: **TO**

(start date) (Expiry date)

I/We being the present registered owner/s have leased the above horse to the person/s above and apply to register the lease.

Signature of Owner/s: **Date:**

Signature of Lessee/s: **Date:**

Important:

1. A Lease Notification will only be accepted where the **Owner & Lessee are current members of the EA.**
2. A Lease Notification Form must be forwarded to the EA within 30 days of the "Start Date"
3. A Lease Notification Form must have indicated a "Start Date" and "Expiry Date"
4. Under all circumstances (including the issue of fines and penalties), the Lessee will be considered the responsible party
5. The horse's original **Certificate of Registration** & current Competition Licences **must be submitted** & with the Lease Notification Form. The Certificate of Registration will be endorsed, and lease details recorded, the EA will forward the original certificate to the owner and a copy will be sent to the lessee.
6. The ORIGINAL LEASE NOTIFICATION will only be accepted – *no photocopies or faxes.*
7. **It is highly recommended that you have a Legal Lease Agreement (contract) drawn up between both parties to prevent any legal issues at a later date.**
8. Both parties must notify the EA in writing on early termination of the lease.

COST: **\$ 110.00** (Vic Horse to Vic member) **\$ 110.00** (Interstate Horse to Vic member)

I also require new Competition Licences (circle) Dressage \$30/ Pony Dressage \$30/ Eventing \$30/ Jumping \$30 /Vaulting \$30

TOTAL PAYMENT: \$ cheque/money order payable to "Equestrian Victoria" or charge my VISA /MASTERCARD
Card Holders Name: Signature

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____