EQUESTRIAN VICTORIA

SWORN STATEMENT

TRANSFER WITHOUT PAPERS

170 K Road, Werribee South Vic 3030
PO Box 616 Werribee Vic 3030
P: +61 3 9013 0707
E: info@equestrianvictoria.com.au
ABN: 80 362 146 367

IF THE ORIGINAL CERTIFICATE HAS BEEN LOST / DESTROYED

Name Allotted:

Registration No:

Colour:

Breed:

Foaling Date:

Estimated Height:

Please Circle : Mare Gelding Stallion

Microchip No :

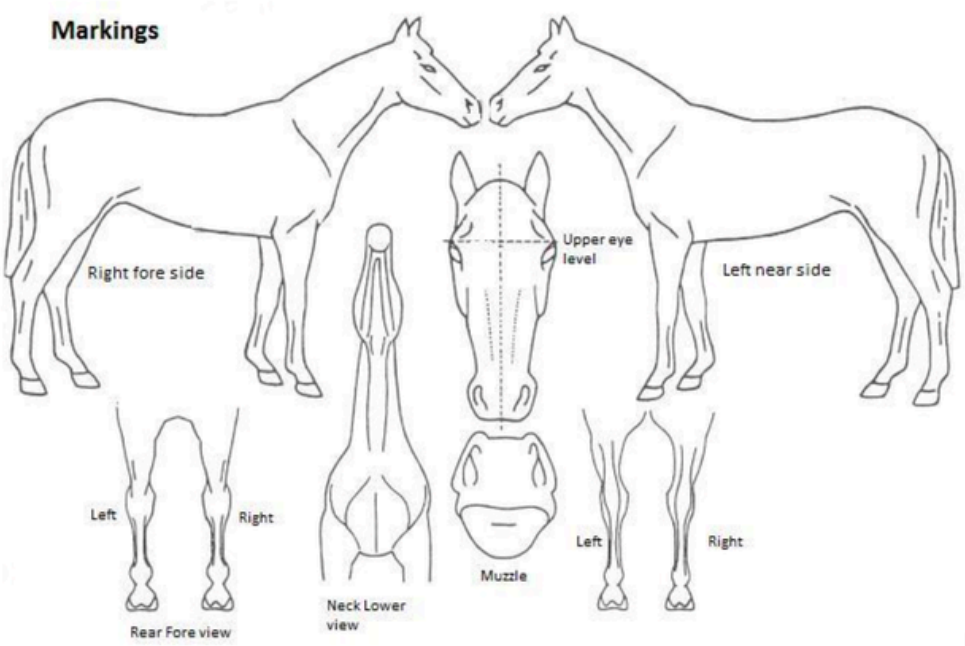
Sire:

Dam:

WHITE MARKINGS & BRANDS: (Describe fully below and fill in the Diagrams)
IF WHITE DOES NOT GO RIGHT AROUND LEG THIS SHOULD BE STATED - i.e. INSIDE OR OUTSIDE ONLY

Head		Off Hind	
Near Fore		Other Scars/Marks	
Off Fore		Brand Near Side	
Near Hind		Brand Off Side	

Draw White Markings & Brands on both diagrams as they appear on the horse (with Black or Blue Ink)
Position of scars mark with an X. Whorls to be marked with an O



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SWORN STATEMENT

I, _____ EA Membership Number _____

Of (Address) _____

PIC (Property where horse resides) _____ do solemnly and sincerely declare that:

☐ TRANSFER HORSE OWNERSHIP ($ 50.00)
I am the new owner of the horse; the Certificate of Registration has been lost/destroyed and I would like to apply to transfer the horse and receive a Duplicate Certificate.

☐ BASE HORSE UPGRADE – TO THE NEW OWNER (Vic Horse to Vic Member) ($155.00)
I have purchased this base registered horse and I would like to upgrade the registration.

I require NEW COMPETITION LICENCES for the following sport – please tick

☐ DRESSAGE $50.00 ☐ JUMPING $70.00 ☐ PONY DRESSAGE $50.00 ☐ EVENTING $50.00

- I hereby declare that the information provided in this statement is true and correct and I acknowledge that a false or misleading Statement may render me liable for disciplinary action at the discretion of Equestrian Australia.
- I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____ in the state of Victoria,

this _____ day of _____ 20 _____

Signature of person making this declaration, Before me,

_____ _____

(To be signed in front of an authorised witness) (Signature of authorised witness)

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 [Vic.] (eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)

TAX INVOICE

I authorize payment of $_____ from my: VISA or MASTERCARD (circle which) payable to Equestrian Victoria INC

Cardholder Name: **Signature:**

_____ _____

Card: ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐

Expires: ☐☐ / ☐☐ **CVC:** ☐☐☐