

AABMGS TRANSFER OF REGISTRATION FORM

* Indicates required field

REGISTERED OWNER DETAILS

Name of registered owner*

Membership No.*

NEW OWNER DETAILS

Name of new owner*

Membership No.*

Stud prefix * Email*

Postal address *

..... State * Postcode *

ANIMAL DETAILS

Name of animal including prefix*

NLIS tag details:

PIC no.* Tag colour* Individual animal no.*

Breed* Date of birth*/...../.....

Sex (tick) Male Female

TYPE OF TRANSFER

Transfer as (tick):*

Registered animal to member

Registered animal to non-member

Pet (no future registration permitted)

PAYMENT

Payment is required at the time of transfer. One payment can be made for multiple transfers.

Payment by direct deposit is preferred.

Bank details: Institution: NAB. Account Name: AABMGS Inc. BSB: 084-657 Account: 74 005 9147

If paid by Direct Deposit - Total paid * Date of payment */...../.....

Please send notification of any direct deposit payment to: aabmgssecretary@outlook.com.au

Payment by cheque or money order: Make cheque or money order payable to AABMGS Inc. Post payment accompanied by this form to: The Registrar, 1165 Brightview Road, Brightview QLD 4311.

Payment method (tick) * Direct Deposit Cheque Money Order

CERTIFICATION: The information on this form is true and correct to the best of my knowledge *

Signed: