

**Application for**

**Transfer of Ownership**

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| **Current Owner’s Information** |  |
| Name: |  |
| Membership Number: |  |
| Prefix: |  |
| Address: |  |
| State and Postcode: |  |
| **Animal to be Transferred** |  |
| Name Including Prefix: |  |
| Date of Birth: |  |
| Sex: |  □ Male □ Female □ Wether |
| NLIS Tag/Tattoo Details:(Colour, PIC, Individual No) |   |
| **Sire’s Information** |  |
| Sire’s Name Including Prefix: |  |
| Sire’s Registration Number: |  |
| **Dam’s Information** |  |
| Dam’s Name Including Prefix: |  |
| Dam’s Registration Number: |  |
| **Details of New Owner** |  |
| Name: |  |
| Membership No: |  |
| Stud Prefix: |  |
| Address: |  |
| State and Postcode: |  |
| **Lodgement & Payment**  | *The information provide on this form is true and correct to the best of my knowledge.* |
| Name: |  |
| Signature: |  |
| Date: |  |

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| **Registration Fees** |  |
| 1 to 4 Registrations | $5.50 each |
| 5 or More  | $4.00 each |
| **Post:** | AABMGS Inc. Registrar1165 Brightview Road, Brightview QLD 4311 |
| **Or Email:** | myaora@outlook.com |
| **Payment Details** | *Payment can be made by cheque, money or Direct Deposit* |
| Account Name  | AABMGS |
| Account Number | 74 005 9147 |
| BSB  | 084-657 |