

ACT Canine Association Inc. (ABN 11150955611) trading as Dogs A.C.T.

Exhibition Park, Federal Highway, Mitchell, ACT.

PO Box 815, Dickson ACT 2602. Phone 02 62414404.

Email: [administrator@dogsact.org.au](mailto:administrator@dogsact.org.au) or visit: [http://www.dogsact.org.au](http://www.dogsact.org.au/)

Office hours 9.30am to 2.30pm Tuesday to Thursday

**APPLICATION TO TRANFER OWNERSHIP OF A PREFIX**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (Mr/Mrs/Miss/Ms):** |  | | | | | | |
| **Membership No:** |  | | | | | | |
| **Address:** |  | | | | | | |
|  | | | | | | **Postcode:** |  |
| **Telephone No:** |  | | | | | **Email:** |  |
|  | | | | | | | |
| **I/WE WISH TO APPLY TO TRANSFER PREFIX:** | |  | | | | | |
|  | | | | | | | |
| **Signed** |  | | |  |  | | |
|  | ***(All owners must sign)*** | | | | | | |
| **TO - Name** |  | | | | | | |
| **Membership Number** |  | | | | | | |
| **Address** |  | | | | | | |
|  | | | | | | **Postcode:** |  |
| **Telephone No:** |  | | | | | **Email:** |  |
|  |  | |  | | | |  |
|  |  | |  | | | |  |
| **Signature Of Owner/S** |  | | |  |  | | |
| **Date:** |  | | ***(All owners must sign)*** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fee $65.00** | | | |
| Payable to – Dogs ACT. PO Box 815, Dickson, ACT, 2602 | | | |
|  |  |  |  |
| Date Received - | Date Processed - |

NO PREFIX TRANSFER APPLICATION WILL BE PROCESSED WITHOUT (100 points) PROOF OF RESIDENCE WITHIN THE AUSTRALIAN CAPITAL TERRITORY ATTACHED

(Including driver licence, rates notice, electricity account, telephone account etc).

PLEASE NOTE THAT ALL BREEDING BITCHES MUST BE REGISTERED TO THE MEMBERSHIP NUMBER LINKED TO THE REGISTERED PREFIX.