



American Shetland & Derivative Association of New Zealand Inc



STUD PREFIX/SUFFIX APPLICATION FORM

I/We _____ (full name of applicant)

Of _____ (Address)

Phone _____ Email: _____

Hereby apply to register the following Stud prefix/Suffix with the Association.

Stud Prefix/Suffix

Declaration

I hereby certify that all information supplied in relation to this application is true and correct to the best of my knowledge. I acknowledge that the information provided in this application may be used in any official publication. Furthermore, I accept that once this form has been lodged there will be no refund of any fees if I choose to withdraw this application.

(All to sign)

Date

PLEASE NOTE

The application will not be approved if: -

- The requested stud prefix or suffix is the same as an existing name registered with ASANZ.
The requested stud prefix or suffix is very similar to an existing name registered with ASANZ so as to cause confusion.

Applications submitted by members under 18 years of age must be counter signed by a parent or guardian.

A registration fee of \$25.00 must accompany this application.

Please pay by internet banking to:

ASANZ Inc - 06-0738-0164562-00

Please Include your name and "Prefix" as the reference

Return Form by mail to:

The Registrar
PO BOX 2146
Stortford Lodge
Hastings, 4153

Or Email Form to:

Alannah.horrocks@yahoo.co.nz