



Transfer Form 2019-2020



The Pinto Horse and Pony Association Inc.

PO Box 215, Esk, QLD 4312

www.pintohorseandponyassn.com phpa_secretary@hotmail.com

Buyers must be members of PHPA Inc for transfers to be effective.

Please use clear **BLOCK LETTERS**.

Stallion

Colt

Mare

Filly

Gelding

Horse Name: _____ Registration Number: _____

Colour: _____ Age: _____ Height: _____ Date Sold: _____

Where this application of transfer refers to a mare the following particulars must be supplied:

Served By Stallion: _____ Served Date: _____

Society: _____ Registration Number: _____ Reg Date: _____

Be sure and check the registration certificate to see if the last name appearing as owner is the same name as the person from whom you are purchasing.

We hereby certify that the animal agrees with the certificate attached and on record with the P.H.P.A. Inc.

We authorise the Association to record this transfer of ownership.

The Transfer form must be forwarded to the Secretary PHPA Inc within 30 Days of Purchase.

6 NEW PHOTOS must accompany the transfer form as per registration requirements.

Sellers Name: _____ Membership Num: _____

Stud Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Buyers Name: _____ Membership Num: _____

Stud Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

It shall be the responsibility of the buyer to forward to the office the completed form, the certificate of registration and the transfer fee of \$25.00. All payments received are considered 'pending' until all documents are approved and finalized.

PHPA does NOT accept checks or money orders; all payments must be paid into the association account via deposit or online transfer, and receipt sent with this form.

Sellers Signature: _____ Date: _____

Buyers Signature: _____ Date: _____

Membership Fees

Transfer: \$25.00

Bank Details

Bank: Heritage

BSB: 638-070

ACC: 13820141

Ref: Your Name

Post To

The Secretary, PHPA Inc.

PO BOX 215

Esk

QLD 4312

OFFICE USE ONLY

Processed By: _____

Processed Date: _____

Receipt Num: _____