

Percheron Telersgenootskap van SA Percheron Breeders Society of SA

PO BOX 1209 MOOINOOI, 0325 Telephone/Telefoon: +27 83 455 6966 E-Mail/E-pos: sapercheron@gmail.com

SAEF PASSPORT APPLICATION FORM

HORSE DETAILS FOR SAEF PASSPORT								
Horse: Name to appear in the Passport								
HORSE BIRTH NAME								
NATIONAL PASSPORT NO. (office use)								
SAEF Horse Registration number								
BREED								
SIRE								
DAM								
SIRE OF DAM								
COUNTRY OF BIRTH								
MICROCHIP NUMBER								
HEIGHT (PONY)								
DATE OF BIRTH* (Year mandatory)			MONTH			DAY		
COLOUR	CHESTN	JT	BLACK	BAY		GREY	OTHER	
GENDER STALLION			GELDIN		G		MARE	
DETAILS OF OWNERSHIP								
SURNAME OF OWNER					FIRST NAME			
NATIONALITY OF OWNER								
SAEF Member number (if applicable)								
POSTAL ADDRESS OF OWNER								
MOBILE NO. OF OWNER				E-MAIL OF OWNER				
Signed by person	responsib	e for the	account of this po	ssport				
Payment to be received prior to passpo			ort being forwarded/Sold. o 1006 673 431, Branch 198		Cost of Passport in Courier costs		I VAT	R160.00
REF: PASSPORT HORSE NAME								Contact us
Please send all applications to: passports@saef.org.za								
FOR OFFICE USE ONLY								
Receipt No. & Date								
Method of Payment & Date								
Date Validated								
COMMENTS								