### CCC (Q) t/as DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074 PHONE (07) 3252 2661, FAX (07) 3252 3864 WEB: www.dogsqueensland.org.au



#### **APPLICATION FOR REGISTRATION OF TRANSFER**

BREED	MALE/FEMALE			
NAME OF DOG:	ANKC REG NO:			
DATE OF TRANSFER	1	/20		
DETAILS OF NEW OWNER				
FULL NAME:	MEMERSHIP NUMBER (if applicable)			
POSTAL ADDRESS:				
	Post Code:			
PHONE:				
EMAIL ADDRESS:				
SIGNATURE(S) OF PERSONS(S)		20		
		_		
	Date: / /2	20		
If this dog is registered in joint ownership, then the signature of each co-owner is required.				
PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION				

Please refer to the Queensland Dog World Magazine or the Website <a href="here">here</a> for the current Scale of Charges for the transfers. Application fees for replacement certificates are not necessary – Only transfer fees are applicable

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### **APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION**

BREED:				
NAME:				
SEX: MALE/FEMALE AN	KC REGISTRATIO	N NUMBER	₹:	
REGISTERED OWNER'S I	DETAILS:			
FULL NAME:		MEMBER	RSHIP	NUMBER:
ADDRESS:				
		POST C	ODE:	
CONTACT NO: (H)	(W)	(M)		
A declaration, giving full particulars of the loss of the original certificate, must be provided in the space below. A replacement Certificate will only be issued to the registered owner(s) of the above dog. Your application will be returned if the declaration, signatures and the Witnessed sections are not completed.				
<u>DECLARATION</u>				
SIGNATURE:		DATE:	/	/20
SIGNATURE:		DATE:	/	/20
WITNESS NAME: (SIGNATURE):				
PLEASE COMPLET	E BOTH SIDES O	F THIS APF	PLICA	TION

Please refer to the reverse side of this application regarding fees.

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CREDIT CARD PAYMENT DETAILS			
MASTERCARD	VISA CARD (TICK ONE BOX)		
MEMBERSHIP No.:	NAME ON CARD:		
CARD No.:	CARD EXPIRY DATE: /		
AMOUNT: \$	CARDHOLDER'S PHONE No.:		
CARDHOLDER'S SIGNATURE:	DATE: / / 20		