



Registrar: Cherie Jackson
1071 Lower Styx Road
Brooklands
Christchurch 8083
Email: cherie@nzpinto.com
Website: www.nzpinto.com

APPLICATION FOR REPLACEMENT CARD

Registered Name _____ Pinto Reg No _____

Owner
Name (FIRST & LAST NAME) _____

Address _____

_____ Post Code _____

Phone _____ E-mail _____

I certify that the above information is true and correct

Signed _____ Date ___ / ___ / ___

Payment made by - Cheque - Direct Credit - Other _____
(PLEASE STATE)

Fee - \$10

You must be a member to apply for a replacement card, please complete the membership form and pay the prescribed fee if applicable

Two clear e-mailed photos required - 1 x left side, 1 x right side. Horse standing without any gear on besides halter or bridle. Must show ALL of horse including hooves, ears, nose & tail

E-mailed J-Peg photos only accepted; as photos are printed directly onto the Registration cards. Please include details on e-mail i.e. owners & horses name

Fee can be either paid by cheque or direct credit – ASB bank 12-3013-0256658-00 - Include details on direct credit i.e. owners or horses name

Forms can be either posted or e-mailed

PLEASE NOTE: Once all the correct information, paperwork & payment is received it takes up to 2 weeks to be processed

Office Use Chq No _____

Receipt No _____