



NZ Pinto Horse Society Inc
PO Box 185
Hastings 4156
Email: djbiggs@xtra.co.nz
Website: www.nzpinto.com

APPLICATION FOR REPLACEMENT CARD

Registered Name _____ Pinto Reg No _____

Owners
Name _____

Address _____

_____ Post Code _____

Phone _____ Mobile _____ E-mail _____

I certify that the above information is true and correct

Signed _____ Date ____ / ____ / ____
(Signatory must be over 18 years, electronic signatures not accepted)

Payment amount - \$10 Cheque Direct Credit

Receipt required Tick if posted receipt required

You do not need to be a member to apply for a replacement card

Form can be either posted or e-mailed to djbiggs@xtra.co.nz

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

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

Office Use Payment _____

Receipt No _____