

## INDIVIDUAL CHANGE OF OWNERSHIP

Locked Bag 4317, Sydney Olympic Park NSW 2127 Ph: 02 9704 1450 Fax: 02 9704 1006 email: <a href="mailto:help@aar.org.au">help@aar.org.au</a> web: aar.org.au

MICROCHIP NUMBER (10 or 15 digits)

Please allow up to 4 weeks for your change to be processed, providing paperwork is completed in full FORMS CAN BE EMAILED, FAXED OR POSTED (see details above)

> Certificates can be printed online for FREE at <u>aar.org.au</u> Please provide an email address for notification of transfer

		•		S (must be 18 years o	ne notification by post \( \square \)	
Title:	First Name:	LW OWNER	JE I AIL	Surname:	r older)	
Residential Ad				ourname.		
Suburb/City:				State:	Postcode:	
	dress (if different to a	hove).		Oldio.	1 0310000.	
Full Postal Address (if different to above):  Telephone: ( )				Mobilo	Mobile:	
Telephone. (	, <i>)</i>			Mobile.		
EMAIL ADDR	RESS (please supply	):				
Alternate Contact Name:			Telephone:	Telephone: ( )		
Signature of New Owner: Date: / /			/ Password:	Password: (for online access – alpha numeric, max 10 characters)		
		PREVIOUS	OWNER	(S) DECLARATION	ON	
	THIS SECTION N	NUST BE COM	PLETED	OR PROCESSING	S WILL BE DELAYED	
presented within t	his Form is true and correct	to the best of my know	ledge, (ii) I pro		wner/s) hereby; (i) certify that the information go of Ownership as requested by the New Owner; e in implied or express form.  OR Signed Statutory Declaration	
Signature(s) of Previous Owner(s):			/			
	 atutory Declarations are not			des in these states. Where a s Please allow up to <b>6 weeks</b> for	signature cannot be obtained from the previous processing)	
			PET DE	ETAILS		
Animal Name	:	Species:		Breed:		
Sex: M / F (please circle)	De-sexed: Y / N (please circle)	Date of Birth:	//	Colour:	Date of Implant: / /	
	PAYN	IENT DETAIL	S FOR	CHANGE OF OW	NERSHIP	
A Che	Note:	Please make of The transaction will	heque/moi appear on y	Debit my credit card for A ney order payable to AA our bank statement as AAI n your account to avoid p	R Australia	
	□ Cheq	ue/Money Orde	er [	□ MasterCard	□ Visa	
Card Number		_/	/_	/	/	
Card holder N	lame:					
					phone no:	

**PRIVACY STATEMENT:** Financial Information provided by you on this form is to be used solely for the purpose of processing and arranging payment, this information will remain confidential at all times except for disclosure which you have consented to or which is required by law. Other information, personal or otherwise provided by you above is used by the AAR (a division of the Royal Agricultural Society of NSW ("RAS") ABN 69 793 644 351) to administer this Form, for archival purposes or as required by law. Your details will be handled in accordance with the RAS of NSW Privacy Policy, a copy of which is available at http://www.aar.org.au/.