



APPLICATION TO TRANSFER A PREFIX

602 Warton Road Southern River WA 6110

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Website: www.dogswest.com

ABN 68 580 241 497

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

NAME OF REGISTERED BREEDERS PREFIX

DETAILS OF REGISTERED OWNER/S

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
CAWA MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)	

I/We being the present Registered Owner/s authorise the transfer of the Breeder's Prefix above to the new owners as detailed below.

Signature Signature Date

DETAILS OF NEW OWNER/S

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
CAWA MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)	

PLEASE NOTE:

- Any renewal fees in respect of this Prefix must be paid before this application can be processed.
- Person to whom the Prefix is being transferred to must have been a member of an ANKC Ltd Member Body for minimum of 12 months.
- Any bitch to be used for breeding under this Prefix must be transferred to the same ownership before any litter can be registered.
- If you are transferring your prefix from another state proof of residence in WA is required.**
NO interstate mailing address will be accepted unless the prefix is co-owned by a CAWA member.

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____
Cardholders Name: _____
 Bankcard
 Mastercard
 Visa

Card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Signature:

OFFICE USE ONLY

RECIPT No.	AMOUNT	DATE RECEIVED
DATE ENTERED	PREFIX FINANCIAL	DATE POSTED

Please refer to current fee list in the Canine News or website for applicable fee.

APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED