

APPLICATION FOR TRANSFER OF PREFIX



This form is only to be used when transferring an existing Prefix/s

I/we hereby make application for transfer of the following prefix/s to CATS NSW Inc from:	
1 st PREFIX	2 nd PREFIX
3 rd PREFIX	4 th PREFIX
NAME OF APPLICANT/S	
ADDRESS	
HOME PHONE NUMBER	MOBILE PHONE NUMBER
EMAIL ADDRESS	
CATS NSW INC. MEMBERSHIP NUMBER (if applicable)	
BREED/S OF CAT/S APPLICANT INTENDS TO BREED	

I acknowledge that I have read and agree to abide by the Code of Ethics and The Rules & Regulations of CATS NSW Inc.

Signature/s of Applicant/s: Date :

Signature of Parent/Guardian if Applicant is under 18 years of age.

**PLEASE SUPPLY COPIES OF CERTIFICATES OF REGISTRATION AND PEDIGREE OF ALL BREEDING CATS
TO SUPPORT THIS APPLICATION WITH MEMBERSHIP APPLICATION**

Please attach a copy of the direct debit deposit or cheque with application and forward to:

CATS NSW Inc. MEMBERSHIP SECRETARY. PO Box 56 HILL TOP NSW 2575