

# APPLICATION FOR TRANSFER OF PREFIX

(Form updated 18/04/2021)



(Only use this form when transferring existing prefix or prefixes)

1 <sup>st</sup> Prefix	2 <sup>nd</sup> Prefix	
3 <sup>rd</sup> Prefix	4 <sup>th</sup> Prefix	
Name of Applicant/s		
Address		
Home Phone Number	Mobile Phone Number	Email Address
CATS NSW Membership Number	Breed/s of Cat/s that the 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)	Date:

- If your application is approved you will be notified of the prescribed fee by the Membership Secretary.
- To support this Prefix application please supply copies of Certificates of Registration and Pedigrees of all breeding cats.
- Please attach a copy of the direct debit deposit or cheque with application and send to:

<b>Post your application to:</b>  Membership Secretary - CATS NSW Inc. 34 Oaktree Grove, Prospect. NSW 2148	<b>Or email it to:</b>  <a href="mailto:membership@catsnsw.com.au">membership@catsnsw.com.au</a>
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Office Use Only			
Date Application Received		Membership Number	
Date Transfer Approved		Date Transfer Declined	
Processed By		Signature	

**\* Please ensure all details are correct and all paperwork is included. Incorrect and/or illegible applications will be returned.**