



Registration Application: Born Prior to 01 August 2019

Applicants/Owners must be full financial members of the AWA Ltd.

Please print: applications that are unclear will be returned.

Please note: horses **cannot be advertised** as AWA Ltd registered before the Original registration paper is received.

I/We hereby apply to register this horse with the AWA Ltd. The information contained in this registration application is true and correct to the best of my knowledge.

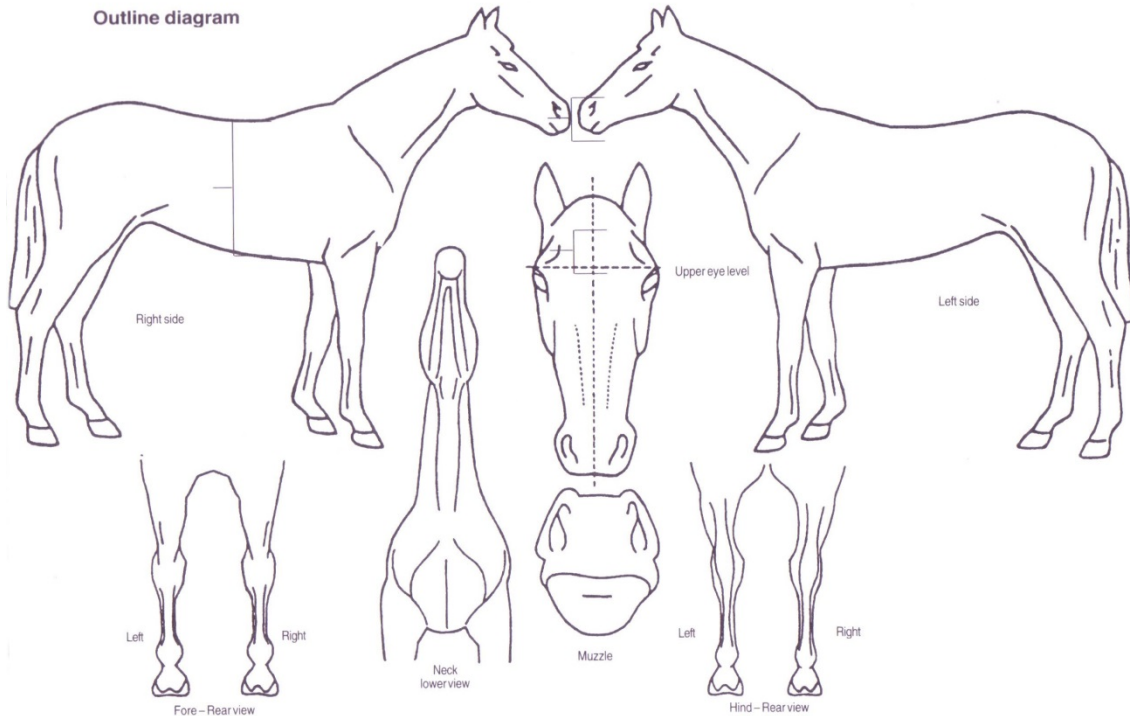
Name: _____ Applicant's signature: _____
 Postal address: _____ Membership #: _____ Date: _____
 _____ Phone: _____ Email: _____

The diagrams must be sufficiently detailed to ensure the positive identification of the horse in the future. **White markings must be shown in red. If there are no white markings, this fact must be stated.** All head and neck whorls should be marked (X). Other whorls should be similarly recorded in grey coloured horses and in horses lacking sufficient other distinguishing marks. Acquired marks and other distinguishing marks e.g. prophet's thumb mark, walleye, etc. should always be noted. If a microchip has been implanted please mark the location with an arrow.

Please use the Fédération Equestre Internationale (FEI) [Identification of Horses with the narrative and the diagram](#) document when describing the horse's markings and scars. This document is designed to simplify the identification of horses and attempt to standardise the many technical details required for the narrative and diagram for the horse's registration certificate.

MARKINGS OF HORSE

Name: _____



OFFICE USE ONLY					
DATE Rx	PAID (ETx / CHQ / MO)			ENTERED	
(Mail / Email)	Date	Batch	Amount	Date	By

AFFIX MICROCHIP STICKER HERE

HOW TO PAY INFORMATION

POST: Please mail your **signed** form and cheque/money order made payable to the AWA Ltd addressed to **AWA Ltd Registrations Administrator**, P.O. Box 118, Wasleys, South Australia, 5400.
EFT: Please transfer funds to the **AWA Ltd**, Commonwealth Bank, **BSB:** 065-522, **Account #:** 1005 4555. Please include your name in payment details. Please **email** your **signed form and remittance of payment** to registrar@awha.com.au

This form becomes a tax invoice on payment. Please copy for your records.