

CatsWA

(Feline Control Council of WA Inc).

MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).

PREFIX TRANSFER APPLICATION



Mail this form with payment to:
GPO Box 915, CANNINGTON WA 6107



Enquiries please call: 0433 807 964
Email: CatsWA01@gmail.com

PREFIX HOLDER/S DETAILS

APPLICATION FEE: \$10.00

PLEASE USE BLOCK LETTERS:

NAME/S:				TELEPHONE:	
ADDRESS:			STATE	MOBILE:	
SUBURB:				EMAIL:	
POSTCODE:		MEMBERSHIP NO.			

PREFIX TRANSFER/S

1. REGISTERED PREFIX/ES (PLEASE USE BLOCK LETTERS)

Prefix #1: _____ Prefix #2: _____

Registered To: _____ Registered To: _____

Registering Body: _____ Registering Body: _____

2. DECLARATION

- a) I/We hereby apply for the Prefix Name/s listed above to be re-registered with the Feline Control Council of WA (Inc) AND the Central Registry of Prefixes in the following name/s:

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

- (Please Note: If Prefix is to be registered in Joint Names **both parties** must sign above)

PREFIX TRANSFER/S FROM ANOTHER STATE

3. DECLARATION

- a) I/We hereby apply for the Prefix Name/s listed above to be re-registered with the Feline Control Council of WA (Inc) AND transferred in the Central Registry of Prefixes.

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

- (Please Note: If Prefix is to be registered in Joint Names **both parties** must sign above)

PAYMENT METHOD

CASH CHEQUE MONEY ORDER Payable to **CatsWA (Inc)**

DIRECT DEPOSIT **You must use your first initial and Surname as the description for the deposit.**
(We will not be able to track payments without a description)

DESCRIPTION USED: _____ DATE OF PAYMENT: _____

BSB: **036-224** Acc No: **298699** Acc Name: **CatsWA (Inc)** Bank: **Westpac**

OFFICE USE ONLY

PREFIX NO/S: _____ CARD/S ISSUED: YES NO RECEIPT NO/S: _____

AMOUNT PAID: _____ DATE: _____ SIGNED: _____