

ACE GROUP INC. TRANSFER OF OWNERSHIP

Horse Details

Name:			
Colour:	Sex:	Height in cm:	
Microchip:		D.O.B:	
ACE Life Reg. No:			
Other Registration Details:			
Sire:			
Dam:			

Please include a copy of Registrations other than ACE Group Inc. with application.

Identification: (Include Actual Brand & Description)

Near Side Shoulder	Off Side Shoulder	Near Side Hindquarter

Vendor's Details

Full Name:		ACE Membersh	ACE Membership No: (If Applicable)	
Stud Name:				
Address:			P/code:	
Postal Address:			P/code:	
Phone:		Mobile:		
Fax:	Email:			
Date of Sale:/	·//	Signed:		
Purchaser's Details				
Full Name: *A		*ACE Membersh	*ACE Membership No.:	
Stud Name:				
Address:			P/code:	
Postal Address:			P/code:	
Phone:		Mobile:		
Fax:	Email re	equired for invoice:		
*Purchaser must be a current financ Download forms at: www.acegroupi		ember. Please enclose Membership Applicatio	on and payment if required.	
Date of Purchase:	/	Signed:		
Please return the completed for Post to: ACE Group In Email: office@acegro	nc. PO Box 224 Car			
A New Certificate will	be mailed to you at	fter payment of invoice.		
	AR	N CONTINENTAL EQUESTRIAN GR RBN: 610 022 065 / ABN: 67 826 873 846 O Box 224, Canungra QLD 4275 office@acegroupinc.com.au www.acegroupinc.com.au	OUP INC.	
			(Updated Dec 2020)	