



ACE

AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

Request for Duplicate or Replacement Passport

HORSE NAME: _____

REGISTRATION NUMBER: _____

APPLICANT (Must be the current registered owner): _____

APPLICANT EMAIL: _____

PHONE: _____

REQUIREMENTS:

- Membership Application and \$75 fee (If membership is not current).
- Where Registration or Studbook papers are damaged but not lost, please submit them to the ACE Group Inc. with this application and the \$75 fee. You are not required to complete the Statutory Declaration. Complete the last sections if applicable.
- Where the original Registration/Passport is lost, to request a duplicate Passport, the current registered owner is required to submit a Statutory Declaration or Affidavit explaining why and where the papers have been lost and request duplicates. You must ask a Justice of the Peace or qualified personnel to witness your signature on the statutory declaration.
- Include the Change of Ownership Form and fee if you are requesting a Transfer of Ownership.

Right Side
Rechte Seite
Côté droit

Left Side
Linke Seite
Côté gauche

Facial Markings
Abzeichen am Kopf
Visage

Muzzle
Maul
Nez

Neck - Underside
Hals - von unten betrachtet
Enclure - Vue inférieure

Fore - Rear View
Vorderbeine - von hinten betrachtet
Antérieur - Vue postérieure

Hind - Rear View
Hinterbeine - von hinten betrachtet
Postérieur - Vue postérieure

Left
Links /
Gauche

Right
Rechts /
Droit

Left
Links /
Gauche

Right
Rechts /
Droit

Please use a **red** pen for all white markings and freeze brands. Please ensure to note every white mark and brand on the horse. Please use a **black** pen to note whorls as an X. Please ensure all whorls are noted. Please mark a fire brand with a **black** pen.

Please supply a photo of the horse from **both sides**, the **head** as well as a picture from **behind** to confirm the markings. (4 photos in total)
Please ensure that all legs and hooves are visible.

***NOTE:** Where a horse has no white markings, a minimum of five (5) whorls must be marked.

THE AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

ARBN: 610 022 065 / ABN: 67 826 873 846

PO Box 224, Canungra QLD 4275

office@acegroupinc.com.au

www.acegroupinc.com.au



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AUSTRALIAN CONTINENTAL EQUESTRIAN GROUP INC.

STATUTORY DECLARATION

I, _____

Of _____

Occupation _____

Hereby solemnly and sincerely declare that the sentence marked below describes the circumstances surrounding the loss or destruction of the passport and/or certificate for the horse identified in this affidavit.

I lost the passport

I never received the passport from ACE Group Inc.

I mailed or delivered the passport to:

NAME: _____

ADDRESS: _____

Other (explain) _____

Sworn at _____ on this _____ day of _____ 20____

Before me _____
(Name of JP) Signature of deponent

Signature of Justice Of the Peace

PLEASE NOTE—MAKING A FALSE STATEMENT OF DECLARATION IS A PROSECUTABLE OFFENCE

DELIVERY ADDRESS FOR THE REPLACEMENT/DUPLICATE PASSPORT

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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 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:	*ACE Membership No.:	
Stud Name:		
Address:		P/code:
Postal Address:		P/code:
Phone:		Mobile:
Fax:	Email required for invoice:	

**Purchaser must be a current financial ACE Group Inc. Member. Please enclose Membership Application and payment if required.
Download forms at: www.acegroupinc.com.au*

Date of Purchase: ____ / ____ / ____

Signed: _____

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ANNUAL MEMBERSHIP APPLICATION

I/we, the undersigned hereby apply for membership with the ACE Group Inc.

Please mark appropriate membership. All prices include GST. All amounts are inclusive of a \$10.00 Insurance Levy. (Current at 01/07/2016)

Ordinary Membership

Individual	\$75.00	
Family**	\$100.00	
Corporate***	\$120.00	
Other		
Associate*	\$50.00	

*Associate Members are not entitled to vote and cannot access registration services.

**A family membership can include a person, their spouse (including de facto spouse), child or stepchild.

***Corporate members are companies incorporated in Australia which are registered on the Register administered by that class of Membership.

** & *** Family and Corporate members are entitled to one vote at a meeting of members and are entitled to have one representative eligible to be elected to a Committee of Management.

Membership runs for 12 months from receipt membership application, full payment and approval.

Current Member Renewing:	YES	NO	New Membership:	YES	NO
Would you like to receive our newsletters:	YES	NO			

Full Name/s:	
EA Member:	YES NO EA #:
Stud Name:	
Stud Website:	
Address:	p/c:
Postal Address:	p/c:
Phone:	
Email for invoice:	

In consideration of your acceptance of my/our application for membership of the ACE Group Inc., I/We hereby release, discharge and quit unto the Association in respect of any claim for damages in consequence of personal injury or property damage which I/we suffer as a result of attending at or participating or competing in any event or activity organised or sanctioned by the Association and I/we promise to indemnify and hold harmless the Association and individuals from any claim of whatsoever nature made on my/our behalf or through me/us. I/we acknowledge that horses and activities and events associated with horses are potentially dangerous and that I/we may be injured as a result of my/our association with them. Furthermore, in consideration of the acceptance of my application of membership, I/we hereby agree to bound by the ACE Group Inc. Constitution, Breeding Policies and any other rules and regulations, directions and determinations of the association as made from time to time.

NAME: _____ SIGNED: _____ DATE: _____

Parent/Guardian Name: _____ SIGNED: _____ DATE: _____

Please note: It is a condition of membership that all members under the age of 18 years are under the direct supervision of their parent/guardian at all ACE Group Inc. events.

Return this form by Post or email to:

ACE Group Inc. PO Box 224, Canungra Qld 4275

Email: office@acegroupinc.com.au

Membership starts from the date this application is received and an invoice will be sent to you for payment of fees.

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