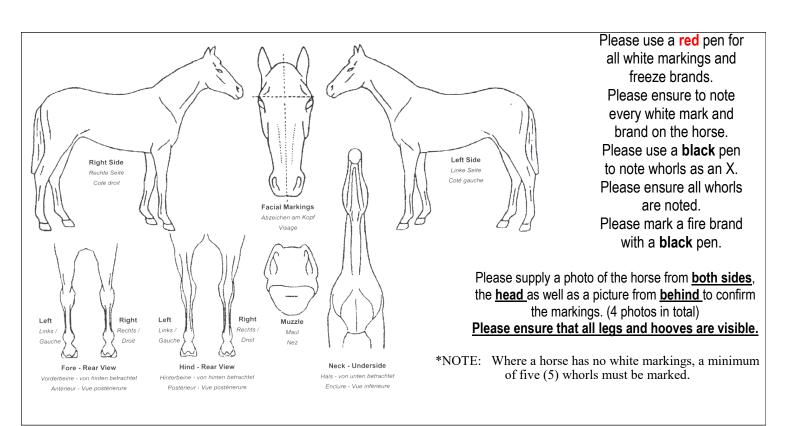


# **Request for Duplicate or Replacement Passport**

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.





# STATUTORY DECLARATION Of 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 Before me \_ Signature of deponent (Name of JP) 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



## ACE GROUP INC. TRANSFER OF OWNERSHIP

#### **Horse Details**

	Name:								
	Colour:	Se	x:	Height in cm:					
	Microchip:			D.O.B:					
	ACE Life Reg. No:								
	Other Registration Detail	Other Registration Details:							
	Sire:								
	Dam:								
Please ii	nclude a copy of Registrations other than ACE	Group Inc. with application.							
<u>ldentif</u>	ication: (Include Actual Brand & Description	on)							
	Near Side Shoulder	Off Sid	Off Side Shoulder		Near Side Hindquarter				
				<u> </u>					
<u>Vendo</u>	or's Details								
	Full Name:	ACE Memb	ACE Membership No: (If Applicable)						
	Stud Name:			•	,				
	Address:				P/code:				
	Postal Address:				P/code:				
	Phone:		Mobile:						
	Fax:	Email:							
		l.							
Date	of Sale:/	'	Signed:						
<u>Purch</u>	aser's Details								
	Full Name:	*ACE Memb	ership No.:						
	Stud Name:		•						
	Address:			P/code:					
	Postal Address:			P/code:					
	Phone:		Mobile:						
	Fax:	Fax: Email required for invoice:							
	ser must be a current financial ACE Group Inc	c. Member. Please enclose M	embership Application a	nd payment if requ	ired.				
	ad forms at: www.acegroupinc.com.au								
Date	of Purchase://		Signed:						

### 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	
Otl		
Associate*	\$50.00	

<sup>\*</sup>Associate Members are not entitled to vote and cannot access registration services.

**Current Member Renewing:** 

Would you like to receive our newsletters:

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

YES

YES

NO

NO

New Membership: 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	<del></del>			

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 form any claim of whatsoever nature made on my/our behalf or though 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: _ Please note: It is a condition of n	SIGNED:	DATE: the direct supervision of their parent/guardian at all ACE

Return this form by Post or email to:

Group Inc. events.

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.

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

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

<sup>\*\* &</sup>amp; \*\*\* 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.