Request for Duplicate or Replacement Passport

HORSE NAME:
REGISTRATION NUMBER:
APPLICANT (Must be the current registered owner):
APPLICANT EMAIL:
PHONE:

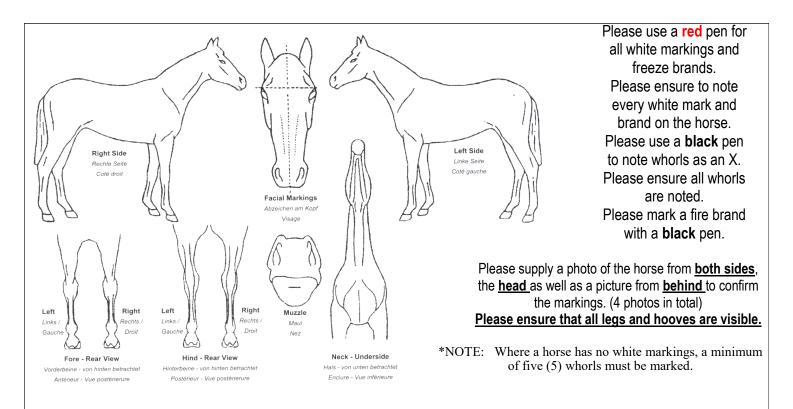
REQUIREMENTS:

Membership Application and \$85 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 \$85 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. Cost for a duplicate passport is \$85. 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.



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

	STATUTORY DECL	ARATION	
I,			
Of			
Occupation			
Hereby solemnly and sincerely decla destruction of the passport and/or ce			ces surrounding the loss or
I have lost the passport /certifica	tes.	Other , please explain	
I never received the passport from	n ACE Group Inc		
I mailed or delivered the passpor	t to:		
NAME:			
ADDRESS:			
Other (explain)			
Sworn at	on this	day of	20
Before me(Name of JP)		City Classicat	
(Name of JP)		Signature of deponent	
Signature of Justice Of the Pe	eace		
PLEASE NOTE—MAKING	A FALSE STATEMENT OF DE	CLARATION IS A PROSEC	UTABLE OFFENCE
DELIVERY ADDRESS FOR THE R	EPLACEMENT/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 Member	ship No: (If Applicable)	_	
	Stud Name:							
	Address:					P/code:		
	Postal Addres	s:				P/code:		
	Phone:				Mobile:			
	Fax:		Email:					
	Sale:/	I		_ Sig	ned:			
<u>i urcitas</u>	er 3 Details							
	Full Name:				*ACE Membe	rship No.:		
	Stud Name:							
	Address:					P/code:	_	
	Postal Address:					P/code:		
	Phone:				Mobile:			
	Fax:		Email requ	uired for i	nvoice:		-	
	must be a current financ orms at: www.acegroupi		. Member. Please e	enclose Memb	ership Application and	payment if required.		
Date of	Purchase:	/	/		Signed:			
			RALIAN CONTI ARBN: 610 02 PO Box 224 office@a		QUESTRIAN GRO 7 826 873 846 1 QLD 4275 .com.au			

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)

Individual	\$85.00	
Family**	\$120.00	
Corporate***	\$140.00	
Oti		
Associate*	\$60.00	

Ordinary Membership

*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	e:			

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 membership Group Inc. events.	SIGNED:	DATE: ler the direct supervision of their parent/guardian at all ACE
Return this form by Post or email to		

ACE Group Inc. PO Box 224, Canungra Qld 4275 Email: <u>office@acegroupinc.com.au</u> 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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