

THE NATIONAL PONY SOCIETY



NEW PREFIX APPLICATION FORM



I wish to register a prefix as listed below in order of preference:

1st Choice	<input type="text"/>
2nd Choice	<input type="text"/>
3rd Choice	<input type="text"/>

Please complete ALL three choices. You may check availability on the Central Prefix Register Website. www.centralprefixregister.com

Name of Principal Owner of registered prefix:

* Mr Mrs Miss Other:

Surname	*	Forename(s)	*
Address			
* <input type="text"/>			
County	*	Postcode	*
Daytime Tel (Indicate if home/work/mobile)			
* <input type="text"/>			
Email Address <input type="text"/>			

Additional Co-Owner of registered prefix (if applicable):

* Mr Mrs Miss Other:

Surname	*	Forename(s)	*
Address			
* <input type="text"/>			
County	*	Postcode	*
Daytime Tel (Indicate if home/work/mobile)			
* <input type="text"/>			
Email Address <input type="text"/>			

Payment Details

- New Prefix application** Members/Non Members **£60**
- I enclose my cheque/postal order payable to The National Pony Society for the sum of £60
- Please Charge my Debit/Credit Card NB an additional 3% charge will apply for credit card payments

Card Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/>
Security No. (last 3 digits on signature strip)	<input type="text"/>	Issue No. (Switch Cards only)	<input type="text"/>

Declaration

I confirm that I have read and agree to abide by the National Pony Society Prefix Rules.

Principal Owner Signature

Date:

Additional Co-Owner Signature

Date: