THE NATIONAL PONY SOCIETY

APPLICATION FOR OVERSTAMPING OF A PASSPORT ISSUED BY ANOTHER SOCIETY

For Office Use Only: Pony ID No: Reg No: Date Completed:

Please complete all the details in block capitals and include your NPS Membership Number if you are a Member

Person submitting this form: Name: _____ **Membership No:** _____

***PLEASE RETURN PONY'S PASSPORT WITH THIS FORM**

SECTION A: PONY DETAILS ***Mandatory fields**

PREFIX (if any): _____ Is the Prefix registered with the CPR? ☐ With NPS? ☐

*NAME: _____

*SEX: ☐ Colt ☐ Gelding ☐ Mare ☐ Stallion

*DATE OF BIRTH: _____ *COLOUR: _____

*MICROCHIP NUMBER: _____

PEDIGREE:

Sire: _____ Registration No. _____

Dam: _____ Registration No. _____

SECTION B: EXISTING PASSPORT DETAILS

NAME OF SOCIETY WHO ISSUED THE PASSPORT: _____

REGISTRATION NO: _____

*UNIQUE EQUINE LIFE NUMBER (UELN): _____

N.B. Your pony may only have one passport*

SECTION C: OWNER DETAILS *To be completed and signed by the Owner(s)* ***N.B. one owner must be over 18 years old)***

Mr ☐ Mrs ☐ Miss ☐ Other:

Surname _____ Forename(s) _____

Address _____

Post Code _____ Daytime Tel (indicate if home/work/mobile) _____

Email Address _____

SECTION D: PAYMENT DETAILS *Please tick relevant fees*

Overstamping of passport issued by another society Members **£20** ☐ Non-Members ☐ **£25**

Overstamping amnesty - upto 3 generations of acceptable pedigree Members **£37.50** ☐ Non-Members ☐ **£50**

Recorded delivery - (return up to 3 passports) **£3.50** (covers postage of up to 3 passports)

❏ I enclose my cheque/postal order payable to The National Pony Society for the sum of £ _____

❏ Please Charge my Debit/Credit Card *NB an additional 3% charge will apply for credit card payments

Card Number _____ Expiry Date _____ / _____

Security No: (last 3 digits on signature strip) _____ Issue No: (Switch Cards only) _____

SECTION E: DECLARATION

I certify that I have completed the above application form to the best of my knowledge and the details I have given are accurate in all respects.

Signature(s)

Print Name: **Date:**

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