

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	<input type="text"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
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	<input type="text"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
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

Card Number	<input type="text"/>	Expiry Date	<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: