KUSA | TEL: +27 21 423 9027 | www.kusa.co.za | EMAIL: info@kusa.co.za | Fédération Cynologique Internationale

APPLICATION FOR CHANGE OF GRANTEES/REGISTERED OWNERSHIP OF A KUSA AFFIX (KENNEL NAME)

[ALL APPLICANTS MUST BE CURRENT MEMBERS OF THE KENNEL UNION OF SOUTHERN AFRICA]
[KUSA AFFIX MUST BE CURRENT]

Application for **change of grantees, including, but not limited to the addition of Grantees, the removal of Grantees and change of the Primary Grantee.**

Current fee for change of Grantees/Registered Ownership of an Affix is R792.00 (VAT incl.)

Send Application Form and Proof of Payment in a single email to applications@kusa.co.za

I/We hereby apply for the grantees of the following KUSA Affix to be altered as follows

AFFIX:

[Complete and sign a second application form if there were or will be more than four Registered Owners]

By signing this form and/or the insertion of my/our Name(s) & Surname(s), I/we understand and agree to conform and comply with the Bylaws, Policies, Protocols, Procedures, Code of Ethics and Rules & Regulations of KUSA and FCI.

NEW GRANTEES

PRIMARY GRANTEE:

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Signature.....

Signature .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Signature.....

Signature .....

[NOTE: ALL EXISTING & NEW JOINT OWNERS MUST SIGN THIS APPLICATION FORM]

PREVIOUS/EXISTING GRANTEES

PRIMARY GRANTEE:

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Signature..... **Signature** .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Mr/Mrs/Ms/Miss .....

SURNAME.....

INITIALS .....

FIRST NAME.....

MEMBERSHIP NO: .....

TEL NO: .....

EMAIL: .....

Signature..... **Signature** .....

[NOTE: ALL EXISTING & NEW JOINT OWNERS MUST SIGN THIS APPLICATION FORM]

Declaration of BREED(S) for which the use of the Affix is required:

1. ..... 3. .....

2. ..... 4. .....

A digital copy of the Affix Registration Certificate confirming the new Grantees will be emailed to the Primary Grantee

If the applicant is a minor – under 18 years of age – the Legal Guardian must sign and provide a copy of their I.D. document.

Legal Guardian Signature.....

Legal Guardian I.D. No. .....

BANKING DETAILS:
Account: Kennel Union of Southern Africa
Bank: First National Bank; Branch: Portside;
Branch Code: 210 651
Account Number: 51450025635; EFT Code: 250 655

Methods of Payment

☐ Visa ☐ MasterCard ☐ EFT

Credit Card No.....CVC No.....Exp. Date .....Amount R.....

Cardholder Name ..... (Please print) Signature..... Date.....