

APPLICATION FOR A DUPLICATE CERTIFICATE OF REGISTRATION

FEE: \$60.00 PER REGISTRATION CERTIFICATE

Please ensure the original hardcopy application is lodged to the office by post or in person, copies or via email will not be accepted.

Sex:		
Registered Name of Dog:_		
Registered Number of Dog	:	
Name of Registered Owne	er/s:	
Membership Number:		
Residential Address:		
		Postcode:
Postal Address: (If different from above)		
		Postcode:
Telephone:	Home	Work
Email:		

Please have the reverse side of this application witnessed when completing.



I/We												
of												
in the State of Victoria do solemnly and	d sincerely d	declare the	at									
REASON FOR REQUES <u>T:</u>												
In the event the original Registration C	ertificate is f	ound, it w	ill be retu	urneo	d to t	he Do	ogs V	ictor	ia o	ffice.	,	
I acknowledge that this declaration is declaration is the penalties of		rrect and I	make it	t in th	ie be	lief th	at a i	perso	on n	nakir	ıg a fo	alse
Signature of person making declaratio	n											
Declared atin th				of Vio	ctorio	l						
on the day of												
SIGNATURE												
PRINT NAME												
ADDRESS												
							Post	Cod	de:			
STATUS			* Justice of the Peace									
		 Member of the Victorian Police Person authorised under Section 107A(1))		
			of the Evidence Act 1958 to witness the signing of a Statutory Declaration.									
Please select your preferred delivery meth		<i>,</i> ,	(400)			Die	1			. \/:	via affia	
Standard postage (no charge) ** This transaction incurs an additional \$2.20	Express postaç	ge (a charge Please pay		e or, if	you p				-			ce (Skye) etails
Facility Fund Levy TICK here to OPT OUT of the Levy Facility Fun	d	below. PAYMENT B		ARD (I	nlease	circle	which	ard)	Card			
TOTAL FEES ENCLOSED \$		Туре		``		RCARD		CC				
The Facility Fund Levy contributes to the Dogs Victoric	Facility	Card No:	· •	/		-1		T1			· · · · ·	1
Fund, which is 100% dedicated to the projects vital for sustained operation of the KCC Park and Bulla facilitie Read more at www.dogsvictoria.org.au/frequently-a	r the es.											
questions by clicking the Facility Fund Levy title.		Cardholder	's Name _		•							
Office use only		Amount Pa	id \$		(Card Ex	piry Dc	ate				
]	Signature										