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TRANSFER OF PREFIX

Fee: \$98.50 must accompany application

Membership Number: _____

Name: _____

Address: _____

_____ Postcode: _____

I/We wish to apply to transfer the prefix: _____

I/We being the present registered owner(s) of the above named prefix, having no further interest in this name, request transfer of the prefix be effected in the name/s of:

Mr/Mrs/Miss/Ms: _____

Membership number of new owner(s): _____

Signature of Present Registered Owners

_____/_____/_____
Date

Signature of Present Registered Owners:

_____/_____/_____
Date

Payment by Credit Card

Card Type: Visa Mastercard

Card Number: ____/____/____/____ CCV _____

Card Holders Name (Print): _____

Expiry Date: _____ Amount: _____

Signature: _____

** This transaction incurs an additional \$2.20 Facility Fund Levy

TICK here to OPT OUT of the Facility Fund Levy