## Welsh Pony & Cob Society Australia Inc Approved by the Welsh Pony and Cob Society, Wales

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Email: <a href="mailto:registrar@wpcs.com.au">registrar@wpcs.com.au</a>
Web site: <a href="mailto:www.wpcs.com.au">www.wpcs.com.au</a>

## Application for Registration of a Prefix and/or Brand

## **TAX INVOICE**

		I AX III OI	<u> </u>		
Animal names are lim	nited to 30 characters including	g Prefix and sp	aces.	OFFICE LIGE ONLY	
Only FULL financial members may apply for a Prefix/Brand. It is strongly recommended that members read the Regulations for Entry of Stock before applying for a prefix/brand or sending in a registration for an animal.				OFFICE USE ONLY  Date Received	
The Committee of Management has the right to decline any prefix or brand that are deemed unsuitable. It is the responsibility of the applicant to ensure that the prefix applied for does not infringe upon an existing business or trademarked name. A prefix and brand once registered with the WPCS of Australia Inc. will remain together.  Note: Either fire or freeze branding is accepted by the Society.				Receipt No	
				Approval COM date / /	
A prefix may be made in been recorded with that	active after 10 years and offered prefix.	to another party	providing no ponies have		
I/We			Membership I	Number	
Wis	sh to apply for the registration o	f a Prefix and/or	Brand with the WP&CS of Au	stralia Inc.	
Address:			State:	Postcode:	
Phone:	Mobile:		E-Mail:		
You must include Prefix (name) Brand (drawing) Written description of the brand	e <u>three</u> preferences of profession of profe	22	3		
All prefixes	and brands applications are Acceptance of brand and		approval by the Committee be advised within 4 – 6 wee		
ls brand registered w	ith Dept Primary Industries?	☐Yes In wh	nich State?	No If Yes, please supply a copy.	
ls brand registered w	ith another Society?	☐Yes Which	h Society?		
s prefix registered wi	th another Society?	☐Yes Whic	h Society?	\ No	
Signed				Date	
Enclosed is a cheque	/ money order made out to	WPCS Inc or c	harge my □ Visa C	ard   MasterCard	
Card Number:				Expiry	
Card Holder's Name:			Signature:		