**APPLICATION FOR RENEWAL OF REGISTRATION OF A KUSA AFFIX (KENNEL NAME) AND MANDATORY SIMULTANEOUS REGISTRATION ON THE FCI INTERNATIONAL KENNEL NAME REGISTER**

**[APPLICANTS MUST BE CURRENT MEMBERS OF THE KENNEL UNION OF SOUTHERN AFRICA]**

Renewal of KUSA Affix (Kennel Name) for a further five (5) year period, including once-off mandatory registration on the FCI International Kennel Name Register **@ R1 104.00** (VAT incl.)

**All Grantees must be paid up members of the Kennel Union of Southern Africa.**

Please notify the KUSA Office of any changes to contact details.

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

**[Please use your KUSA Membership Number as the bank reference when making payment.]**

# AFFIX (KENNEL NAME) TO BE RENEWED

I/We hereby apply for the simultaneous registration of the following KUSA Affix on the FCI International Kennel Name Register. In submitting this application, I/we accept and agree that, if the same or a substantially similar Kennel Name be already registered on the FCI International Kennel Name Register, the FCI will register the Kennel Name by adding the ISO Country Code **(ZA) to the Affix** and that I/we may use the Affix in South Africa without the (ZA) extension, **unless** a complaint is lodged by the foreign Kennel Name-holder and such complaint be upheld by the FCI, as valid. In the latter case, **I/we accept and agree** that, going forward the use of the Affix in South Africa shall be subject to **immediate modification by the addition of the (ZA) extension** when added to a dog’s registered name as a Prefix or Suffix.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name of Primary Grantee 1:

Membership Number:

Signature:

##

Name of Grantee 3:

Membership Number:

Signature:

Name of Grantee 4:

Membership Number:

Signature:

Name of Grantee 2:

Membership Number:

Signature:

By signing this form and/or by 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 the FCI.

Where an Affix is registered in more than one Grantee’s name, all Grantees must sign this application.

**If the Grantee is a minor under 18 years of age, the Legal Guardian must sign this application and provide a copy of their ID document.**

**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 FCI registration will be emailed to the Primary Grantee.**

**Methods of Payment: EFT or Visa/ Mastercard Credit Card**

Credit Card No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVC No \_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount R \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANKING DETAILS:**

Account name: Kennel Union of Southern Africa

Bank name: First National Bank, Portside Branch

Branch code: 210 651

Eft code: 250 655 Account Number: 51450025635