**APPLICATION FOR RENEWAL OF REGISTRATION OF AFFIX (KENNEL NAME)**

# AFFIX / KENNEL NAME TO BE RENEWED

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Name of Grantee 1:

Membership Number:

Signature:

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Name of Grantee 3:

Membership Number:

Signature:

Name of Grantee 4:

Membership Number:

Signature:

Name of Grantee 2:

Membership Number:

Signature:

Name of Grantee 5:

Membership Number:

Signature:

**NOTE:** *Where an Affix is registered in more than one grantee’s name – all grantees must sign this application*.

**N.B. Affix holders must be paid up members of the Kennel Union of Southern Africa. P**lease notify the KUSA Office of any changes of contact details.

**Renewal of Affix for further five (5) year period – R711.00 (including VAT)**

**N.B Please add Courier Fee**

**A Certified copy of the Affix Certificate will only be issued and despatched if requisite Courier Fee is received.** (*The Courier Delivery Form is available for download from the KUSA Website* [***www.kusa.co.za***](http://www.kusa.co.za))

**Methods of Payment:**

|  |  |
| --- | --- |
| [ ]  | EFT – email proof of payment together with Application Form & Courier Delivery Form to applications@kusa.co.za Please use your KUSA Membership Number as the bank reference when making payment. |
| [ ]  | Visa / MasterCard – complete the section below |

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

### *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, Procedures, Code of Ethics and Rules and Regulations of KUSA.*

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