

KENNEL UNION OF SOUTHERN AFRICA



Application for an A.R.C. (Advanced Registration Certificate)

PO Box 2659, Cape Town, 8000 / 11th Touchstone House, 7 Bree Street, Cape Town, 8001 / Tel: (021) 423 9027, Email: info@kusa.co.za Web: www.kusa.co.za

Breed	: Da	ate of Birth:	D	<u>D</u>	<u>M</u> <u>M</u>	<u>Y</u>	Y	Sex:
Positiv	ve identification number (Microchip / DNA Profile No.)							
Regist	tered Name of dog:							KUSA Registration Number:
	iking this application I/We confirm that my/our dogs have fulfilled the ic to my breed as approved by the Federal Council namely:-	e basic Kennel Ui	nion requ	uireme	nts for	the is	sue of	of an Advanced Registration Certificate for all breeds plus those
A:	Basic Kusa Requirements for All Breeds		B:	Addit	ional	Requ	ireme	ents for your Breed
1.	Positive Identification (Attach supporting original document if not on KUSA Registration Certificate)		1.					4.
2. 3.	Over 24 months of age Kennel Union Breed Champion		2.					5
3. 4.	Registered name must contain an Affix		3.					6
NOT	DO NOT REGISTRATION CERTIFICATES ARE ONLY AVAID DO NOT REPLACE OR SU ADVANCED REGISTRATION CERTIFICATES WILL For Courier Service option	JPERCEDE THE	ORIGI	NAL K	USA F	REGIS CHED	UPO	ON RECEIPT OF THE REQUIRED COURIER FEE.
Names and Membership numbers of ALL CURRENT registered Owners Memb			r No.					
1.						S	ignatu	ture: Date:
2.						9	ignatu	ture:Date:
3.						S	ignatu	ture: Date:
Name	and Address to which Certificate is to be despatched via Courier:							
 V Sep	2021					el. No	···········):	

Applicants wishing to have a photograph of the dog added to the Advanced Registration Certificate must provide two full, side on view photographs of the dog (7x9 cm only) with the following wording written on the back "I hereby certify that this is a true likeness of- Dog's Registration Number, Registered Name, Breed, Date and Owner's signature. Note: Photographs cannot be added at a later date.							
List of documents attached:							
1							
2							
3							
4							
5							
6							
Send Application Form + Proof of Payment + Courier Delivery Form in a single email to applications@kusa.co.za. Methods of Payment EFT Master Card Visa							
Credit Card No							
Expiry DateAmount R							
Cardholder Name							
Cardholder signature							
BANKING DETAILS:Name of Account: of Bank:Kennel Union of Southern Africa Nameof Bank:First National BankBranch:PortsideAccount Number:51450025635Branch Code:210 651Eft Code:250 655							