

a) b) c)

d) e) f)

Branch Code:

202509

THE KENNEL UNION OF SOUTHERN AFRICA

PO BOX 2659, CAPE TOWN 8000 TEL: (021) 4239027 FAX: (021) 423 5876 info@kusa.co.za www.kusa.co.za Vat Reg No 426010188



APPLICATION FOR KUSA WEBSITE BREEDERS LISTING

Title:	Initial:		Surn	ame:															
Membership No	o:				I.D. No:														
TYPE OF SUBS	CRIPTION: Please selec	t which c	of the 3	optio	ns yo	u wi	sh to	э ар	ply	for	:								
6 month	subscription @ R75.00 i subscription @ R150.00 subscription @ R300.0	incl VAT	Г		•														
Breeders Listin	g Content:																		
Breed:																			
Kennel Name:																			
Contact Name:																			
Contact Tel. No:																			
Province:																			
Email Address:																			
Website Address	s:																		
Hyperlink to Wel	osite: Ye	s No	1.											1		1			
Accredited Bree	ders Status: Ye	s No																	
By signing this applicated and agree to the stand and agree to the stand the context of the stand the context of the standard that the context of the standard that KUSA retain on retains the right to coept and understand SA of the breed or ar	otance of Terms & Conditions: ation, to abide and comply with the byla at my contact details will be public of the Breeders Listing adverted that may be lodged against means the right to refuse to accept the request that changes be made that the acceptance and placer indication of quality or warranty that I may not use the term "KU.	tws, policies, ished on the that I hereb for whatever e application to the text, if ent of a Bree of the dogs of t	KUSA well by submit, reason, by and retain the content eders Listin offered or a	bsite and is true by person the result of th	d may and ac ns respight to advert rt does ation o	be accurate condin withdr is constant after the reference of the reference	cesse and g to the aw the atrary the are are are are are are are are are ar	d by to indentifie Breato KU ay not indicate in the control of the	the g nnify eder eder SA r be of the	ener KUS r List s List ules deem men	ral pu SA a ting. ting , reg ned a nber.	ublic again and ulations as ar	nst ar refur ons a	ny ao nd th and p	ctions e fee	s, cla es ten	ndere	d. Tl	ne K
Signed at			on this		day d	of					201								
Signature:																			
	METHODS OF PAYME	NT 																	
	EFT Visa	Maste	erCard		CI	neque													
	Please submit payment of Cheques must be made pa							on.											
	Credit Card No				CVC	C No.													
	Expiry Date		Amoun	t R															
	Cardholder Name (Please p	rint)																	
	Cardholder Signature					Date													
	BANKING DETAILS FO	R DIRECT	DEPOS	TS															
	Name of Account: Name of Bank: Branch: Account Number:	First Thiba	el Union of National Bault O025635		ern Afr	ica													