



KENNEL UNION OF SOUTHERN AFRICA

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



PO Box 2659, Cape Town, 8000 / 6th Floor, Bree Castle, 68 Bree Street, Cape Town, 8001 / Tel: (021) 4239027/8, Fax: (021) 4235876, Email: info@kusa.co.za Web: www.kusa.co.za

Breed: Date of Birth:

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 Sex:

Positive identification number (Tattoo, Microchip, DNA, Delete inapplicable)

Registered Name of dog: KUSA Registration Number:.....

In making this application I/We confirm that my/our dogs have fulfilled the basic Kennel Union requirements for the issue of an **Advanced Registration Certificate** for all breeds plus those specific to and requested by my breed, and approved and accepted by the Federal Council namely

A: Basic Kusa Requirements for All Breeds

B: Additional Requirements for your Breed

1. Positive Identification (Attach supporting original document if not on KUSA Registration Certificate)
2. Over 24 months of age
3. Kennel Union Breed Champion
4. Registered name must contain an Affix

1.
2.
3.
4.
5.
6.

In support of which I/We enclose certified copies of the documents listed on the back of this form –

NOTE: ADVANCED REGISTRATION CERTIFICATES ARE ONLY AVAILABLE TO DOGS ON THE KENNEL UNION BREED REGISTERS, ADVANCED REGISTRATION CERTIFICATES DO NOT REPLACE OR SUPERCEDE THE ORIGINAL KUSA REGISTRATION CERTIFICATE.

Applicants wishing to have a photograph of their dog placed in the space provided on the Advanced Registration Certificate must provide two photographs of their dog full side on view (7x9 cm only); one of which is to have the following wording placed on the back "I hereby certify that this is a true likeness of (including registered number, registered name and breed)"; signed and dated.

Note: Photographs cannot be added at a later date.

Names and Membership numbers of ALL CURRENT registered Owners

Memb No.

1.
2.
3.

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Signature: Date:

Signature: Date:

Signature: Date:

Name and Address to which Certificate is to be sent:

..... Name of Contactee and Daytime Tel. No:

Methods of Payment

Cheque EFT Mastercard Visa

Cheques must be made payable to **“The Kennel Union of Southern Africa”**.

Credit Card No. (Incl. CVC No.).....CVC No.....

Exp DateAmount R

Cardholder Name
(Please print)

Cardholder signatureDate.....

BANKING DETAILS FOR DIRECT DEPOSITS

Copy of EFT/Deposit slip must be faxed (021) 423 5876

Name of Account: Kennel Union of Southern Africa
Name of Bank: First National Bank
Branch: Thibault
Account Number: 51450025635
Branch Code: 202509

List documents attached:

1.
2.
3.
4.
5.
6.