



# KENNEL UNION OF SOUTHERN AFRICA

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



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

Breed: ..... Date of Birth: 

D	D	M	M	Y	Y
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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**

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

**B: Additional Requirements for your Breed**

- |         |         |
|---------|---------|
| 1. .... | 4. .... |
| 2. .... | 5. .... |
| 3. .... | 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: .....

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Signature: ..... Date: .....

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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 Date .....Amount R .....

Cardholder Name .....  
(Please print)

Cardholder signature .....Date.....

**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. ....