



<b>OFFICE USE ONLY</b>
Date Recieved: _____
Approved by : _____

## Transfer of Breeder's Prefix (Farm Name)

Prefix: \_\_\_\_\_ Farm Name: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

Registered Owner Surname \_\_\_\_\_ Given Names \_\_\_\_\_ + \_\_\_\_\_ Phone # (inc Country code e.g. +44-) \_\_\_\_\_

Full postal address \_\_\_\_\_ State/Country \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

ISWHA Membership #: \_\_\_\_\_

We wish to transfer the ownership of the above named license to the ownership of:

Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

Full postal address \_\_\_\_\_ State/Country \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

ISWHA Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_

Prefixes are valid for a term of 10 years.

I have read and understand, and hereby agree to the rules pertaining to use of Breeder's Prefixes as found in rule .. of the Handbook.

Registered Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ( dd/mm/yyyy)

Buyer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Enclosed Fees

Please refer to fee chart on website

Registration Fee \$ \_\_\_\_\_

Microchip Fee \$ \_\_\_\_\_

DNA Fee \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Visa/Mastercard # \_\_\_\_\_ Exp \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For PayPal payments, please use [contact.ISWHA@gmail.com](mailto:contact.ISWHA@gmail.com) and attach copy of the receipt.

Transfer Fee \$20 x \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Visa/Mastercard # \_\_\_\_\_ Exp \_\_\_\_\_  
Card Holder's Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

For PayPal payments, please use <a href="mailto:contact.ISWHA@gmail.com">contact.ISWHA@gmail.com</a> and attach a copy of the receipt.
--

For PayPal payments, please use [contact.ISWHA@gmail.com](mailto:contact.ISWHA@gmail.com) and attach a copy of the receipt.