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## APPLICATION FOR GELDING TOPERADE

Name of horse:		Registration #:		
Foaled:// Height:	. hh Colour:	Micro-chip:		Brands:
Owner's Details				
Name:			1	
Address:		1		
Suburb:		1 3	State:	Post Code:
Phone: ()	Email:			
gnature:		h.	Date:/	
1. This form must be a copy of the certifica		inal Foal Registra <mark>ti</mark>	<mark>on</mark> Certific <mark>at</mark>	e – please post to IPHS, a
	os: 1 nearside, 1 offside inted on photo quality p		nailed photos	in JPEG format
	pe paid. Payments receiv zed. Payments will be re	-	_	* *
4. Where owner is und	ler 18 years parent/guard	dians' signature is re	quired.	

Upon signing, I hereby certify that the above particulars are, to the best of my knowledge and belief, true and correct in every respect. I acknowledge that acceptance of this application is at the discretion of the IPHS Inc. Executive Committee, in accordance with the IPHS Inc. Rules & Regulations, Section 9(c): Registration and Recording — Upgrade from Foal Recording.

Upgrade fees		Payment Details	Post To	<b>OFFICE USE ONLY</b>
Gelding	\$20.00	Bank Transfer	The Registrar, IPHS Inc.	Processed By:
		PayPal	PO Box 457	Processed Date:
		Cheque	Beaudesert Q 4285	Receipt #:
		Cash	IPHS pintos@outlook.com	Registration #:
				Upgrade Approved: Yes/No