

**APPLICATION FOR CHANGE OF GRANTEES/REGISTERED OWNERSHIP  
OF A KUSA AFFIX (KENNEL NAME)****[ALL APPLICANTS MUST BE CURRENT MEMBERS OF THE KENNEL UNION OF SOUTHERN AFRICA]  
[KUSA AFFIX MUST BE CURRENT]**Application for **change of grantees, including, but not limited to the addition of Grantees, the removal of Grantees and change of the Primary Grantee.****Current fee for change of Grantees/Registered Ownership of an Affix is R754.00 (VAT incl.)****Send Application Form and Proof of Payment in a single email to [applications@kusa.co.za](mailto:applications@kusa.co.za)**

I/We hereby apply for the grantees of the following KUSA Affix to be altered as follows

AFFIX:

**[Complete and sign a second application form if there were or will be more than four Registered Owners]**

By signing this form and/or the insertion of my/our Name(s) &amp; Surname(s), I/we understand and agree to conform and comply with the Bylaws, Policies, Protocols, Procedures, Code of Ethics and Rules &amp; Regulations of KUSA and FCI.

**NEW GRANTEES****PRIMARY GRANTEE:**Mr/Mrs/Ms/Miss .....  
SURNAME.....  
INITIALS .....  
FIRST NAME.....  
MEMBERSHIP NO: .....  
TEL NO: .....  
EMAIL: .....Mr/Mrs/Ms/Miss .....  
SURNAME.....  
INITIALS .....  
FIRST NAME.....  
MEMBERSHIP NO: .....  
TEL NO: .....  
EMAIL: .....**Signature**.....**Signature**.....Mr/Mrs/Ms/Miss .....  
SURNAME.....  
INITIALS .....  
FIRST NAME.....  
MEMBERSHIP NO: .....  
TEL NO: .....  
EMAIL: .....Mr/Mrs/Ms/Miss .....  
SURNAME.....  
INITIALS .....  
FIRST NAME.....  
MEMBERSHIP NO: .....  
TEL NO: .....  
EMAIL: .....**Signature**.....**Signature**.....**[NOTE: ALL EXISTING & NEW JOINT OWNERS MUST SIGN THIS APPLICATION FORM]**

**PREVIOUS/EXISTING GRANTEEES**

**PRIMARY GRANTEE:**

Mr/Mrs/Ms/Miss .....  
 SURNAME.....  
 INITIALS .....  
 FIRST NAME.....  
 MEMBERSHIP NO: .....  
 TEL NO: .....  
 EMAIL: .....

Mr/Mrs/Ms/Miss .....  
 SURNAME.....  
 INITIALS .....  
 FIRST NAME.....  
 MEMBERSHIP NO: .....  
 TEL NO: .....  
 EMAIL: .....

**Signature**.....

**Signature**.....

Mr/Mrs/Ms/Miss .....  
 SURNAME.....  
 INITIALS .....  
 FIRST NAME.....  
 MEMBERSHIP NO: .....  
 TEL NO: .....  
 EMAIL: .....

Mr/Mrs/Ms/Miss .....  
 SURNAME.....  
 INITIALS .....  
 FIRST NAME.....  
 MEMBERSHIP NO: .....  
 TEL NO: .....  
 EMAIL: .....

**Signature**.....

**Signature**.....

[NOTE: ALL EXISTING & NEW JOINT OWNERS MUST SIGN THIS APPLICATION FORM]

**Declaration of BREED(S) for which the use of the Affix is required:**

- 1. .... 3. ....
- 2. .... 4. ....

**A digital copy of the Affix Registration Certificate confirming the new Grantees will be emailed to the Primary Grantee**

**If the applicant is a minor – under 18 years of age – the Legal Guardian must sign and provide a copy of their I.D. document.**

Legal Guardian Signature.....  
 Legal Guardian I.D. No. ....

**BANKING DETAILS:**

Account: Kennel Union of Southern Africa  
 Bank: First National Bank; Branch: Portside;  
 Branch Code: 210 651  
 Account Number: 51450025635; EFT Code: 250 655

**Methods of Payment**

Visa  MasterCard  EFT

Credit Card No.....CVC No.....Exp. Date .....Amount R.....

Cardholder Name ..... (Please print) Signature..... Date.....