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APPLICATION	ON F						RE( L <b>N</b>							•	ENI	NEL NAME)	
		AF	FIX		N-IN	NE		HAIVII		ОВ	ER	<u> </u>	EVV	ED		]	
								_									
Name of Grantee 1:								1	Name of Grantee 2:								
Membership Number:								N	Membership Number:								
Signature:								5	Signature:								
Name of Grantee 3:								1	Name of Grantee 4:								
Membership Number:								N	Membership Number:								
Signature:								5	Signature:								
Name of Grantee 5:									NOTE: Where an Affix is registered in more than one grantee's name – all grantees must sign this								
Membership Number:									application.								
Signature:									N.B. Affix holders must be paid up members of the Kennel Union of Southern Africa.  Please notify the KUSA Office of any changes of contact details.								
Ren	newa	l of A	Affix	for f				-	-			4.00	(inc	ludir	ng V	AT)	
A Certified co					icate	will		be is	sued	and (	desp					Courier Fee is received sa.co.za)	
Methods of Pa	yme	nt:															
<u>appli</u> Please	catio e use :	ns@  your K	kusa (USA I	.co.z Memb	<u>a</u> ership	Numl	ber as	the ba	ank re	ferenc						very Form to	
☐ Visa																	
Credit Card No _								_CV	C No			E>	φ. Da	ate			
Amount R			_ Car	dhold	er Na	me _											
Cardholder Signature									Date								
BANKING DE Account name: Bank name: Fir Branch code: 2' Eft code: 250 6 Account Number	Kenn st Nat 10 65 55	el Un tional 1	Bank	, Por													

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