



**AFHS • ROYAL FRIESIAN**  
 AUSTRALIAN FRIESIAN HORSE SOCIETY BY KFPS

**SIGNATORY AUTHORISATION FORM**  
 This form consists of 2 pages

If you own or bred a registered Friesian Horse and wish to give authorisation to another person/s to sign documentation with the AFHS and/or KFPS on your behalf, then a SIGNATORY AUTHORISATION FORM must be on file with the AFHS. Please complete this form and return to the secretary.

**Note: both sides need a signature.**

**NAME OF REGISTERED OWNER/S**

I/We,

- 1. Member Name \_\_\_\_\_ Membership number \_\_\_\_\_
- 2. Member Name \_\_\_\_\_ Membership number \_\_\_\_\_
- 3. Member Name \_\_\_\_\_ Membership number \_\_\_\_\_
- 4. Member Name \_\_\_\_\_ Membership number \_\_\_\_\_

Who are the owner/s of the horses listed on the back of this form, hereby authorise the person/s listed to sign the paperwork, as indicated below, on my/our behalf until further notification in writing to the AFHS

<input type="checkbox"/>	Breeding Notification	<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Birth Notification	<input type="checkbox"/>	Sports Predicate
<input type="checkbox"/>	Microchip certificate	<input type="checkbox"/>	Duplicate paper
<input type="checkbox"/>	Embryo Transfer	<input type="checkbox"/>	Breeding Permit for foal book stallion

**Signature of Registered Owner/s**

- 1. \_\_\_\_\_ Date: \_\_\_\_\_
- 2. \_\_\_\_\_ Date: \_\_\_\_\_
- 3. \_\_\_\_\_ Date: \_\_\_\_\_
- 4. \_\_\_\_\_ Date: \_\_\_\_\_

AFHS Secretary - Rebecca Campbell

31 Horstman's Lane Upper Maffa West VIC 3859

email: [secretary@afhs.org.au](mailto:secretary@afhs.org.au) or phone: 0467 951 188

There are three (3) options for who to nominate to sign the above listed paperwork (please tick one):

- All parties mentioned above MUST sign
- Either parties mentioned above to sign
- OR Other authorised person (please complete the following)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

There are 2 (two) options to nominate the horses for which this authorisation applies

- All horses listed under membership number/s listed on page 1 are to be covered by this Signatory Authorisation **OR**
- PLEASE PRINT THE NAME OF ALL HORSES THAT ARE COVERED BY THIS AUTHORISATION FORM - Please draw a line through any fields not filled in below

Name of the horse	Registration Number

Owner/s Signature 1. \_\_\_\_\_ Owner/s Signature 2. \_\_\_\_\_  
Owner/s Signature 3. \_\_\_\_\_ Owner/s Signature 4. \_\_\_\_\_