

New Zealand Miniature Horse Association Inc.



Return Form To:

NZMHA Registrar

PARTNERSHIP/SYNDICATE REGISTRATION

Name of Partnership/Syndicate:

Address for ALL Correspondence: _____

Contact Name: _____

Phone: () _____

Fax: () _____

Email: _____

Ownership Type: Please Tick One

Joint:

Common:

Explanation:

- If ownership is **Joint**, any ONE signature will be required for any registry purpose EXCEPT that the signature of ALL owners will be required for applications for registration, transfers of ownership, notices of lease or endorsement applications;
- If ownership is **Common**, the signatures of ALL owners will be required for ALL registry purposes;

Declaration: I/We hereby certify that all information supplied in relation to this partnership/syndicate registration is true and correct to the best of my/our knowledge. I/We agree that if this application is accepted and approved, I/We will abide by all terms and regulations set forth in the Articles of Incorporation and the Rules of the New Zealand Miniature Horse Association Inc, and any amendments made thereto. In signing this application, I/We understand that I am/We are personally responsible for the information submitted. I/We also understand that in the event that said information is determined to be inaccurate or fraudulent, I am/We are subject to penalty and/or loss of membership & all fees submitted.

Names of Partnership/Syndicate Members: (Continue on a separate sheet if necessary)

Full Name	Signature	Date
		/ /
		/ /
		/ /
		/ /
		/ /

Checklist

All details completed

Form Signed by all Applicants

Note: A Rework Fee will be charged in relation to any/all applications submitted that are incomplete

09/2002

