



THE NEW ZEALAND ARAB HORSE BREEDERS' SOCIETY (INC)

NATIONAL SECRETARY: FIONA McLACHLAN • PO BOX 80, CUST 7444 • NEW ZEALAND

PHONE: 64 3 312 5998 • FAX: 64 3 312 5996 • EMAIL: arabnewzealand@xtra.co.nz

WEBSITE: www.newzealandarabs.com

OFFICIAL LEASE CERTIFICATE

Lease Fee \$30.00 + GST

I hereby certify that the:

Stallion _____ No _____ Vol _____ Brand _____
 Mare _____
 Gelding _____

Sire _____ No _____ Vol _____

Dam _____ No _____ Vol _____

WAS LEASED BY ME TO: Mr/Mrs/Miss/Ms (FIRST & LAST NAME) _____

Address: _____

Email: _____ Tel: _____

On the: ____ day of _____ 20____ And will terminate on: ____ day of _____ 20____

Where this Lease Certificate refers to a Mare the following particulars must be supplied:

This Mare was served by the stallion: _____ No _____ Vol _____

On (all dates of service): _____

I hereby authorise the lease to be recorded in the books of the Society, subject to this form being lodged with the Secretary together with the prescribed fee within 30 days of the date of lease.

Name of Lessor: _____ Date: ____ / ____ / ____

Signature of Lessor: _____

Address of Lessor: _____

IMPORTANT

The Lease Fee must accompany this application together with copies of Lease Agreements signed by both parties

| OFFICE USE ONLY: | | | |
|------------------|----------------|---------|--------------|
| Date Received: | Cheque Amount: | Bank: | Payer: |
| Receipt Number: | Cheque Number: | Branch: | Date Banked: |