



APPLICATION FOR STUD PREFIX

Stud Prefix requested: _____
(Please Print)

Name of Applicant(s):

Email address:

Phone number:

Postal Address:

Signature of Applicant(s):

See regulations for current fee required

Send this completed form to the CPSNZ Registrar at registrar.cpsnz@gmail.com or see <http://horsetalk.co.nz/connemara/contact.shtml> for Registrar's postal address

CPSNZ Office Use only	Received on date:
CPSNZ Registrar Name:	CPSNZ Registrar Signature: