



NEW ZEALAND GYPSY COB ASSOCIATION

LEASE NOTIFICATION

NAME OF HORSE: _____ NZGCA Reg No: _____

DATE OF LEASE: From _____ To _____

Leasee(s)

Name: _____

Address: _____

_____ Post Code _____

Phone (Hm) _____ (Mobile) _____ E-mail _____

Registered Owner(s)

Name: _____

Address: _____

_____ Post Code _____

Phone (Hm) _____ (Mobile) _____ E-mail _____

I certify that the above information is true and correct.

Signed by Leasee(s) _____ Date ____ / ____ / ____

Signed by Registered Owner (s) _____ Date ____ / ____ / ____

Signed by Registered Owner (s) _____ Date ____ / ____ / ____

Signatories must be over 18 years of age. Electronic signature not accepted. If jointly owned, both owners signatures required.

No fee payable. Please post the form to the Registrar:

Tracy Wilde, 2265B Kakarama Road, RD10, Hamilton 3290 or email: thewildes2017@gmail.com