



# Change of Ownership Form

Return form to:  
AIMHCNZ Registrar: Linda Jackson  
93 Manutahi RD, RD 2, New Plymouth 4372  
Or email  
aimhcnz.registrar1@gmail.com

- **This form is to be completed by the horse owner/s selling the horse.**
- **Complete a SEPARATE form for EACH horse.**
- **Form to be returned to the registrar asap after sale of the horse.**

Registered name of horse:

AIMHCNZ Reg #: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Height: \_\_\_\_\_

Mare/Stallion/Gelding: (please circle) Date of Sale: \_\_\_\_\_

Owner/s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

New owner/s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Declaration:**

I/We hereby certify that all information supplied in relation to this return is true and correct to the best of my/our knowledge.

Signature(s) of owner/s: \_\_\_\_\_

\_\_\_\_\_  
(all to sign) Date: \_\_\_\_\_  
Note: Signature of parent or guardian if applicant aged under the age of 18yrs.