



Notice of Lease Form

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

Registered name of Horse:-

AIMHCNZ Registration Number: _____

Owner Name: _____

Address: _____

Phone: _____

Email: _____

Lessee Name: _____

Address: _____

Phone: _____

Email: _____

Period of lease from: _____ to _____ (end date required).

For the purpose of: _____

Conditions (if any): _____

Declaration:

I/We hereby certify that all information supplied in relation to this notice of lease is true and correct to the best of our knowledge. We acknowledge that information provided in this notice may be used in any official publication. Furthermore I accept that once this form has been lodged that there will be no refund of any fees, should I decide to withdraw my application. Both owner and lessee signatures required.

Owners Signatures: _____ Date: _____

Lessee(s) Signature(s): _____ Date: _____