



# 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: \_\_\_\_\_