



Form 3 (18/10/24)
APPLICATION FOR REGISTRATION OF STUD NAME AND TATTOO
GALLOWAYS AUSTRALIA INC.

Stud Name _____

Stud Tattoo: _____ You will be contacted if your stud name or tattoo presents any problems, such as duplication or potential confusion with names and tattoos already existing.

Owner/s

Note: Please include all owners (individuals, partnerships, corporations, etc)

Residential Address/es:

Postal

address/es _____

*If same as residential address please print 'as above'

Contact Details for all named: Telephone/s:

Home _____

Business _____

Mobile: _____

Email(s)

I/we: _____

wish to apply for registration of the above information.

*Signed (all owners listed)

Date _____

*By signing this form, you acknowledge the Galloways Australia Information and Privacy Policy, which can be found on www.gallowaysaustralia.com.au

Please email this form to the Secretary, gallowaysaustralia@gmail.com. On receipt of this form by the Secretary, you will be issued with a tax invoice to the first email listed above. Registration of your stud will commence on receipt of payment. Please refer to the schedule of Fees and Charges on the website.