

CYMDEITHAS Y MERLOD A'R COBIAU CYMREIG WELSH PONY AND COB SOCIETY

Bronaeron, Felinfach, Lampeter, Ceredigion, SA48 8AG Tel: 01570 471754 enquiries@wpcs.uk.com www.wpcs.uk.com



All fields marked with * must be completed. Incorrectly filled in forms or those with errors will be returned.
When submitting forms to the WPCS you will need to provide us with certain personal information. Full details of our privacy policy can be found on our website. If you would prefer a hard copy, please ask a member of WPCS staff.

PREFIX EXTENSION FORM

Breeder Addition Form

Use this form for the extension of use of an existing prefix registered with the Society to include additional breeders.

We will need the names and addresses of the people to whom you want to extend your prefix. We will also need to know if each of the people are related to you, and if so, what the relationship is. We will always extend a prefix to a close relative, such as a sibling, spouse, parent, child, etc., but requests to extend to more remote relatives and to non-relatives are decided by the Society council.

*Prefix:

*Name of Principal Prefix owner:

*Address:

*Postcode:	Membership No:
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*Daytime Tel:	*Email:
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Details of Person(s) you wish to extend the prefix to

*Name:

*Address:

*Postcode:	Membership No:
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*Daytime Tel:	*Email:
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*Relationship to Prefix Owner:

(Please note each additional name will incur a further £12.00 fee)

Name:

Address:

Postcode:	Membership No:
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Daytime Tel:	Email:
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Relationship to Prefix Owner:

(Please note each additional name will incur a further £12.00 fee)

Name:

Address:

Postcode:	Membership No:
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Daytime Tel:	Email:
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Relationship to Prefix Owner:

If you wish to extend the prefix to more than three individuals, please use an additional form.

*Signature (of Principal Prefix Owner):	*Date
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Extension to add further breeder:	£20.50 Mem
	£40.00 Non-Mem
Each additional breeder thereafter:	£12.00 (all)

I enclose a cheque/postal order made payable to the **Welsh Pony and Cob Society**.

<input type="checkbox"/> I have paid via the website – order number	Total Payable:
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<input type="checkbox"/> Please charge my Debit Card/ Credit Card	
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Card Number:	Expiry Date (mm/yy) / /
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Name on Card:	Security No:
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