EKASA
ETHICAL KENNEL ASSOCIATION OF SOUTH AFRICA

contact: 063 984 0586
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www.ekasa.co.za

APPLICATION FOR EKASA REGISTRATION OF SINGLE REGISTERED CANINE

(PEDIGREE MUST ACCOMPANY THIS FORM)

Previous owner / Breeder information

Mr / Mrs / Miss _____
SURNAME _____
INITIALS _____
FIRST NAME _____
KENNEL NAME _____
POSTAL ADDRESS _____
Postal Code _____
TELEPHONE _____
Cell _____
EMAIL _____
EKASA MEMBER NR _____

New owner / Breeder information

Mr / Mrs / Miss _____
SURNAME _____
INITIALS _____
FIRST NAME _____
KENNEL NAME _____
POSTAL ADDRESS _____
Postal Code _____
TELEPHONE _____
Cell _____
EMAIL _____
EKASA MEMBER NR _____

1. _____
Signature

2. _____
Signature

By my signature to this form or insertion of full name & surname, I/we understand and agree to conform and comply to the bylaws, policies, procedures, code of ethics and Rules and Regulations of EKASA.

I/We make application for the registration of the following Canine:

BREED _____
REGISTERED NAME _____
REGISTRATION NR _____
MICROCHIP (IF APPLICAPLE) _____
COLOUR _____

SEX MALE ☐
FEMALE ☐

NOTES _____

Methods of Payment

BANKING DETAILS:
Account: EKASA
Bank: Capitec Savings
Branch: 470010
Account Number: 137870964