

**Fee: \$192.00 must accompany application**

Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

I/We wish to apply to transfer the prefix

\_\_\_\_\_

I/We being the present registered owner(s) of the above named prefix, having no further interest in this name, request transfer of the prefix be effected in the name/s of:

Mr/Mrs/Miss/Ms: \_\_\_\_\_

\_\_\_\_\_

Membership number of new owner(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Present Registered Owners / Date

\_\_\_\_\_  
Signature of Present Registered Owners: / Date

NOTE: 1% surcharge will apply to all credit card payments

Payment by Credit Card

Card Type:            Visa            Mastercard

Card Number:                        

Card Holders Name (Print): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_