



NEW ZEALAND GYPSY COB ASSOCIATION

LEASE NOTIFICATION

NAME OF HORSE: _____ NZGCA Reg No: _____

DATE OF LEASE: From _____ To _____

Lessee(s)

Name: _____

Address: _____

_____ Post Code _____

Phone (Hm) _____ (Mobile) _____ E-mail _____

Registered Owner(s)

Name: _____

Address: _____

_____ Post Code _____

Phone (Hm) _____ (Mobile) _____ E-mail _____

I certify that the above information is true and correct.

Signed by Lessee(s) _____ Date ___ / ___ / ___

Signed by Registered Owner (s) _____ Date ___ / ___ / ___

Signed by Registered Owner (s) _____ Date ___ / ___ / ___

Signatories must be over 18 years of age. Electronic signature not accepted. If jointly owned, both owners signatures required.

No fee payable. Please email to registrar@nzgca.co.nz