

## THE AMERICAN HANOVERIAN SOCIETY 4067 IRON WORKS PKWY, SUITE 1 LEXINGTON, KY 40511

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# **Transfer of Ownership**

To transfer ownership, the current owner (Seller) shall complete a transfer of ownership form and sign and date as seller.

The purchaser (Buyer) shall also sign and date the transfer form as buyer.

### Transfer of Ownership can be completed ONLINE at www.hanoverian.org.

There are places to upload this form (or a copy of the bill or sale) and a copy of the registration papers. Or, send this form to AHS along with a PHOTOCOPY of the registration papers and appropriate transfer fees.

#### ORIGINAL PAPERS SHOULD NOT BE SENT TO THE AHS OFFICE

In the case of German-papered horses that have been issued a passport, a photocopy of the Certificate or Ownership will suffice, or alternatively photocopies or the front cover and pages 2-3 of the passport may be sent.

Upon receipt of the Transfer of Ownership form (or bill of sale) and a copy of the registration papers the owner(s) of record will be amended in the AHS database and a sticker will be mailed to the new owner(s) to affix onto the original registration papers.

#### **Transfer Fees:**

Member Transfer - \$60 Non-Member Transfer - \$100

#### **Membership Fees:**

I am a current member of the AHS: Yes	s No Would you	like to join as an AHS	Member? _	Yes	No
If so, which type: Active (\$95	s) Associate (\$70) _	Associate (\$70) Junior (\$40) Lifetime (\$1000)			
THE FOLLOWING INFORMATION MUST BE	COMPLETED:				
Name of Horse:	Registration Number:				
Date of Sale:	Has this h	orse been gelded?	Yes	No	N/A
SOLD TO:					
Name of Buyer (s):					
Farm Name:					
Address:					
City:	State:	Zip:			
Primary Phone:	Alternate I	Alternate Phone:			
I (We) certify that all information on this form transfer and assign all rights to this horse/foal	-	• .	ıal. I (We) do	o further he	ereby
Signature of Recorded Owner (seller)	Signature	of Buyer (s)			
Printed Name of Recorded Owner (seller)	Printed Na	ame of Buyer (s)			
By my signature, I authorize the AHS offic credit card sta	e to calculate and correctly chatement will serve as proof of		s. I further agı	ree that my	
Signature of Cardholder:		Date:			
Billing Address of Card If Different From Abov	ve:				
City:	State:	Zi <sub>l</sub>	o:		
Card Number:					
Evniration Date:	Varification	Codo			