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| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| To: Registrar LISA / Brands Clerk GPO Box 3000 Phone: 08 8999 2033Darwin NT 0801 Email: adele.kluth@nt.gov.au  |
| We the undersigned being the registered owner/s and intended transferee, respectively, of the Brands and Earmark mentioned hereunder, do hereby request that you transfer the said Brands and Earmark: |
| Particulars of Brands and Earmark |
| **Three letter brand** | **Distinctive brand** | **Distinctive numeral/s** | **Earmark code and position** | **Branding position** |
|  |  |  |  | Cattle:Horses: |
| **Brand currently registered to:** |  |
| **Transfer Brand to (new owners):** |  |
| **Run where Brand will be used:** |  |
| Contact details |
| Postal address of applicants: |  |
| Telephone: |  | **Fax:** |  |
| Mobile: |  | **Email:** |  |
| Dated this: |  | **day of:** |  | **20** |
| Signatures |
| **Transferor (old owners)** |
| **Signatures:** | 1. | 2. | 3. | 4. |
| **Print name/s:** | 1. | 2. | 3. | 4. |
| **Position title.** | 1. | 2. | 3. | 4. |
| **Witness signature:** |  | **Witness name:** |  |
| **Transferee (new owners)** – I / We hereby acknowledge that we are over the age of 18 years old |
| **Signatures:** | 1. | 2. | 3. | 4. |
| **Print name/s:** | 1. | 2. | 3. | 4. |
| **Position title.** | 1. | 2. | 3. | 4. |
| **Witness signature:** |  | **Witness name:** |  |
| **Payment** |
| Application for Transfer of Brand – Note Fees subject to change 1st July each year |
| **Payment type:** | $63 CHEQUE attached (made payable to RTM) | Please charge my Credit Card $63 |
| B/CARD / M/CARD / VISA | **Card number:** | \_ \_ \_ \_/\_ \_ \_ \_/ \_ \_ \_ \_ /\_ \_ \_ \_ | **Expiry:** | \_ \_/\_ \_ | **CCV:** | \_ \_ \_ |
| **Name on credit card:** |  | **Signature**: |  |
| **Office use only** |
| LISA / Brands, Livestock Biosecurity, BAW, DITT – Cost Code: **92HF1N03D**134535 N00 = no GST |
| End of form |