

SANEF INSTRUCTORS' WEBSITE LISTING

Application Form

NAME:		
POSTAL ADDRESS:		
RESIDENTIAL ADDRESS:		
TELEPHONE:	FAX:	EMAIL:
ID NUMBER:		
Name of Provincial Body OR Group IX Member Country of which you are a member? e.g. GHS; WPHS; ECHS; KZNHS; FSNCHS; MPHS		
First Aid Certificate Issued By:		Expiry Date:
Copy to accompany this application faxed to 086 5188 474		
SANEF Instructor Qualification:		
Date:	Level:	Place:
Name of Discipline/s or specialty you would like listed next to your name:		
<i>By my signature below, I confirm that I am a member in good standing of the above named society. Furthermore, by my signature hereunder, I confirm that I have not been found guilty of contravention of any laws concerning the welfare of horses.</i>		
Date of Application:		Signature of Applicant:
Method of Payment:		Amount:
NOTE: Payment is made to the SANEF National Instructors' Plan ABSA Bank account 906 707 4421 branch code 630445. Cheques can be posted to P.O. Box 702 Irene 0062. Cash and hand delivered cheques can be handed in at the SANEF office in Crowthorne.		

For Office Use Only:		
<i>Date Received:</i>	<i>Date Captured:</i>	<i>Expiry Date of First Aid:</i>
<i>Receipt Number:</i>		