THE NATIONAL PONY SOCIETY



NEW prefix application form



I wish to register a prefix as listed below	w in order of pr	reference:	
1st Choice			
2nd Choice			
3rd Choice			
Please complete ALL three choices. You may check available	ability on the Central	Prefix Register Website. w	www.centralprefixregister.com
Name of Principal Owner of registered p	orefix:		
* Mr \square Mrs \square Miss \square Other:			
Surname *	Forename(s) *		
Address *			
County *		Postcode *	
Daytime Tel (Indicate if home/work/mobile) *			
Email Address			
Additional Co-Owner of registered prefi * Mr	x (if applicable Forename(s) *	Postcode *	
Daytime Tel (Indicate if home/work/mobile) *			
Payment Details: New Prefix application Members/Non M		the sum of £62	
Card Number		Expiry Date	1
Security No. (last 3 digits on signature strip)	Issue No.	. (Switch Cards only)	
Declaration I confirm that I have read and agree to abide by the Nat Principal Owner Signature	ional Pony Society Pr	efix Rules. Date:	
Additional Co-Owner Signature		Date:	