



Nederlands Welsh Pony en Cob Stamboek  
 Postbus 143  
 8430 AC Oosterwolde  
 Tel: 06-82459273  
 nwpcs@groened.nl  
 www.nwpcs.nl  
 KvK nr. 40408418  
 IBAN NL 07 RABO 0393 1320 05

**REQUEST FOR A DUPLICATE EQUINE REGISTRATION CERTIFICATE / PASSPORT (RVO) 2019**

Request for a:

- Duplicate registration certificate
- Duplicate passport

Transponder Number of the horse:.....

Registered Party Information(#) (registered party/agent)

Last name:.....

Initial(s) of first name:

Address:

Postal/Zip Code and City:

Phone number:

Email:

Membership number (if applicable):

Equine Information

Equine \*is / is not registered (\* Please draw a line through the information that does not apply).

Yes, registration number:

Species Type (for example, horse, pony, donkey, zebra, or other):

Name:.....

Date of Birth:

Registration Number:

Sex: Stallion / Mare / Gelding

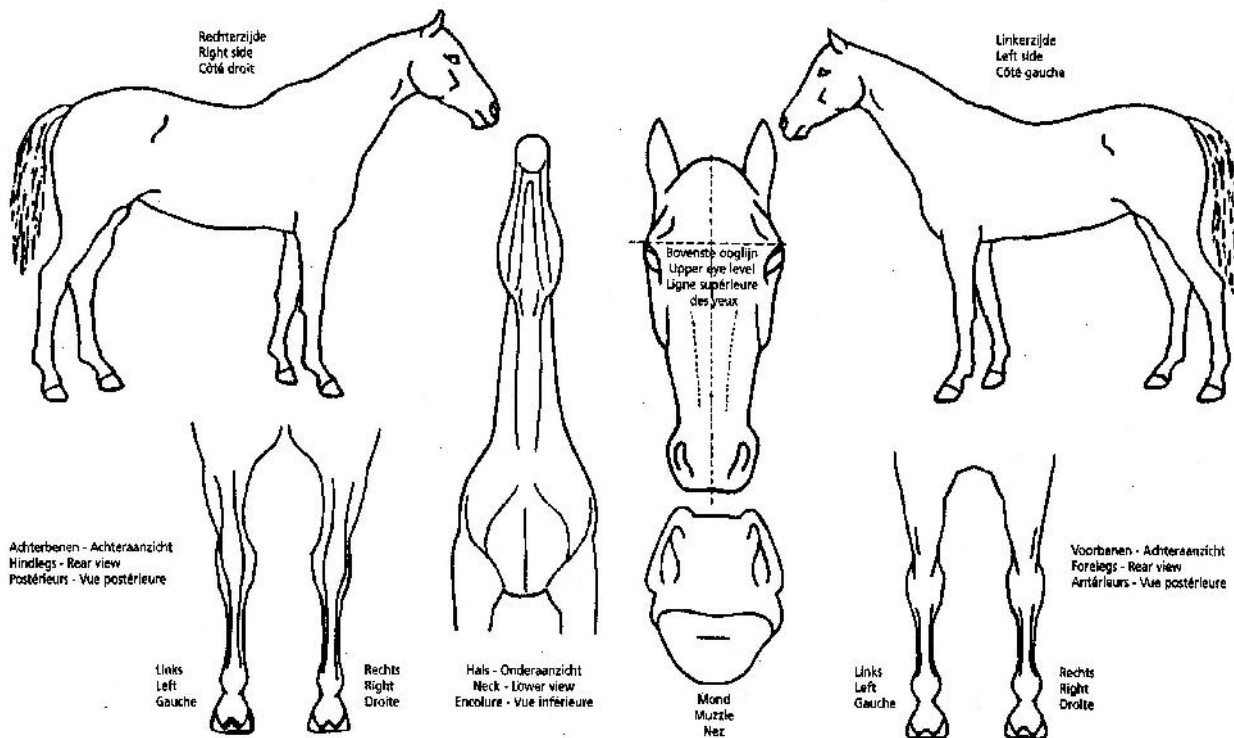
Are the equine's color and markings the same as those listed on the registration certificate / passport?

- Yes
- No (Please complete the correct description below.)
- 

Description

Color:
Head:
RF
LF:
LH:
RH:
Markings:

**SCHETS**  
**OUTLINE DIAGRAM / SIGNALEMENT GRAPHIQUE**



**HOOFDSTUK XI: ZWILWRATTEN**

Schets van zwilwratten voor paarden die geen aftekeningen en minder dan drie haarwervels hebben.

**CHESTNUTS**

The outline of each chestnut to be drawn in the appropriate square for all horses without markings and with less than three whorls.

**CHATAIGNES**

Dessinez le contour des châtaignes dans le carré correspondant; à ne remplir que pour les chevaux sans marques et avec moins de trois épis.

**KASTANIEN**

Bei Pferden ohne Abzeigen und weniger als drei Haarwirbel muß der Platz der Kastanien genau beschrieben werden.

<p>Rechter voorbeen/Right foreleg/Antérieur droit/Rechtes Vorderbein</p>	<p>Rechter achterbeen/Right hindleg/Postérieur droit/Rechtes Hinterbein</p>
<p>Linker voorbeen/Left foreleg/Antérieur gauche/Linkes Vorderbein</p>	<p>Linker achterbeen/Left hindleg/Postérieur gauche/Linkes Hinterbein</p>

Name of veterinar: .....

Date: .....

Signature: .....

Stamp:

## Questionnaire

1. Are you the registered party of the equine?
  - Yes. (Please submit copies of documents showing that you are the registered party. If such documents are not available, please submit a signed affidavit stating that you are the owner of the equine in question and provide the date you became the owner.)
  - No, but I am the agent of the equine. (Please submit an affidavit from the owner of the equine consenting to your request for a registration certificate /duplicate passport for that equine.)
  - No, I am neither the registered party nor the agent.
  
2. Has anyone (for example, the former owner) disputed your lawful ownership or agency of the horse?
  - If yes, then state the name of this person(s).
  - No
  
3. If you purchased the equine, did the animal have a registration certificate /passport on the day of the sale?
  - Yes. (Please submit an affidavit by the former owner confirming your receipt of registration certificate /passport upon transfer of ownership of the equine in question.)
  - No
  
4. On what day was the registration certificate / passport lost?
  
5. How was the registration certificate / passport lost? (If possible, support with documentation.)
  - Theft
  - Fire
  - Other (explain):
  
6. Did you report the registration certificate / passport missing?
  - Yes (Please submit a copy of the report.)
  - No
  
7. Do you know definitively or have an idea where the registration certificate / passport may be?
  - Yes (Provide location or other information.)
  - No
  
8. Did you have prior possession of the original registration certificate / equine passport?  
 (Complete the below table, if possible.):

Original document	Received at purchase.	at	Lost at a later date.	<b>N.B. You are required to submit any original documents still in your possession!</b>
Registration Certificate	Yes / no*		Yes / no*	
Horse Passport	Yes / no*		Yes / no*	

\*Please draw a line through the information that does not apply.

I agree to the storage of my personal data in accordance with the privacy policy of NWPCS as published on the NWPCS website and have taken note of my rights regarding this.

Applicant's signature:

Name of applicant:

Date:

Mail this completed form **within 7 days** to:  
 NWPCS, P.O. Box 143, 8430 AC Oosterwolde, Netherlands