



LOST PASSPORT DECLARATION FORM

NAME.....

ADDRESS.....

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TELEPHONE NUMBER.....

EMAIL.....

NAME OF HORSE.....

REGISTRATION NUMBER.....

UELN NUMBER.....

MICROCHIP NUMBER.....

I HEREBY DECLARE THAT I HAVE LOST MY HORSE PASSPORT AND REQUIRE A DUPLICATE ONE TO BE ISSUED. I CONFIRM I HAVE TAKEN ALL REASONABLE STEPS TO TRY AND LOCATE THE ORIGINAL AND HAVE FAILED TO DO SO. I ENCLOSE PAYMENT OF THE DUPLICATE PASSPORT FEE OF £40 SHS MEMBERS (£80 NON-MEMBERS)

SIGNATURE.....

DATE.....

REGISTRATIONS: SHIRE HORSE SOCIETY, THE OLD DAIRY, ROCKINGHAM CASTLE, MARKET HARBOROUGH. LE16 8TH

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