



DUPLICATE PASSPORT APPLICATION FORM

TO REQUEST A DUPLICATE PASSPORT TO REPLACE A LOST/ STOLEN/ OR PHYSICALLY DESTROYED EQUINE PASSPORT ISSUED BY BAPSH Ltd, FESCCR, ANCCE, SPANISH REGIONAL PIO, FOR THE HORSE NAMED BELOW

THE HORSE WILL BE AUTOMATICALLY REMOVED FROM THE HUMAN FOOD CHAIN.

PLEASE NOTE: ALL HORSES MUST be REGISTERED with BAPSH Ltd BEFORE a PASSPORT can be ISSUED. If your horse is not BAPSH Registered you complete ONLY Page 1 of this Form, & complete Page 1 of the Appropriate Breed 'Foal' OR 'Import' Registration Application Form; your Vet completes Page 2 with the FULL Identification. Use Fees for Registration + Passport On the Registration Application Form Page 1.

COMPLETE THIS FORM CLEARLY & LEGIBLY IN BLACK OR BLUE INK USING BLOCK CAPITALS

OWNER *MR/MRS/MISS.....

Nationality **Tel:**..... **Mobile:**..... **EMAIL:**.....

ADDRESS.....

Town **County** **Post Code** **COUNTRY**.....

HORSE'S NAME _____

UELN _____ **LOST PASSPORT ISSUED BY:** _____

(Passport No)

IS PASSPORT DECLARED: - ***LOST/ STOLEN / DESTROYED** (*Delete as appropriate) **DATE PASSPORT 'LOST'** __ / __ / ____

CIRCUMSTANCES OF THE ABOVE EVENT:-.....

NOTES

1. ONLY the Owner REGISTERED with BAPSH Ltd may apply for a BAPSH Ltd Duplicate Passport to replace a LOST Passport issued by one of these 3 following Authorities.

a) BAPSH Ltd , b) FESCCR , c) Spanish Regional Government

2. DUPLICATE ANCCE-LGPRES Passports can **ONLY** be applied for by **Owners** who have an **ANCCE-LGPRES Breeder/Owner Code**, and their HORSE is **Registered to that Code** as well as Registered correctly with **BAPSH Ltd**. **Complete this form both sides, PLUS you MUST** also complete an **ANCCE International Application For Service** requesting **LGPRES SERVICE 401/115**

3. It is Compulsory to have a Vet Re-Identify a horse whose Passport is LOST. Please use Horse Identification Page OVERLEAF. IF the MICROCHIP CANNOT be found - Contact the BAPSH Registrar by phone or text or email - See Top of this Form.

4. Contact Vet for a Printout of your Horse' Vaccination Records; SEND Vaccs with this Form to Include in DUPLICATE Passport

5a. FEES DUPLICATE BAPSH Ltd Passport is **£79.00**, including 'Signed For' Delivery P&P.

5b. FEES DUPLICATE ANCCE-LGPRES Passport is **£126.00**, including P&P to Spain, and UK 'Signed For' Delivery P&P

I enclose a Cheque payable to BAPSH Ltd for the Re-Issue Passport Fee or Proof of the Fee Paid by Bank Transfer to the BAPSH Account (Please tick boxes as appropriate) Email the Office at bapshregistrar@btinternet.com for BANK DETAILS

I hereby certify that I am the Owner of the Horse named ABOVE and that all the information contained on this application form is correct. I understand that the information supplied will be retained securely by BAPSH Ltd on the basis of a Legal Obligation and may be passed to lawful bodies at their request.

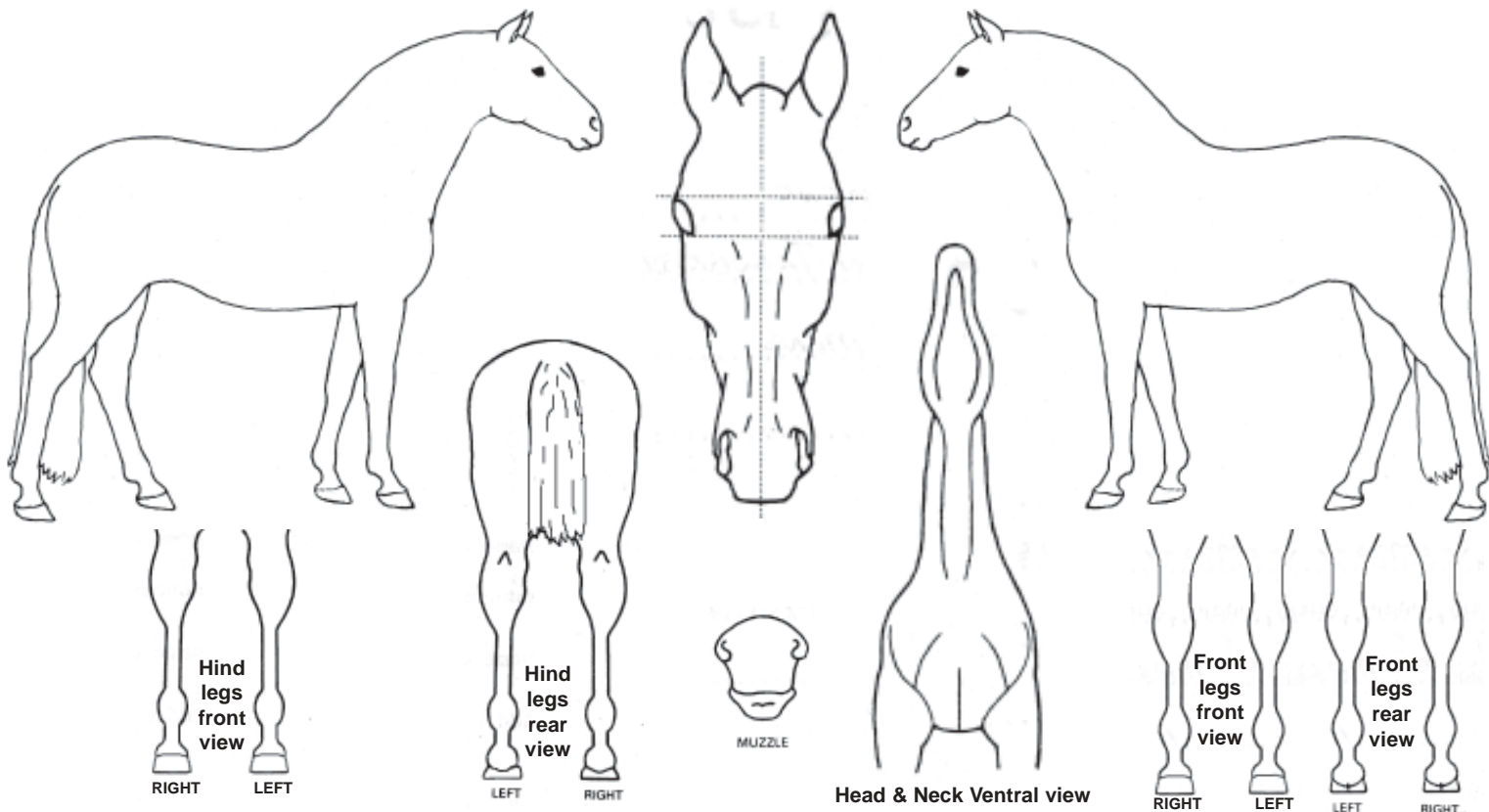
GDPR 2018 Law.

Full BAPSH Ltd Privacy Policy-read at www.bapsh.co.uk.

OWNER SIGNATURE..... **DATE**.....

<p>OFFICE USE ONLY <i>DATE Application Rec:</i> __ / __ / ____</p> <p><i>DATE DUPLICATE Issued</i> __ / __ / ____ <i>FEE Paid By</i> CHQ/ PO/ BT __ / __ / ____</p> <p><i>New Identification By VET</i> <i>MicrchipActive:</i> <i>DNA TypeReq:</i> <i>DNA Sample</i></p> <p>Yes/No Signed /Unsigned Yes / No Yes / No Yes / No</p>	<p>FEE DUE = £79.00 or £126.00</p> <p><i>Includes 'Signed For' P&P. ADD £7.00 for Return by Special Delivery</i></p> <p>Please Pay by Cheque, Postal Order, or Bank Transfer (Details from Office)</p>
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IDENTIFICATION TO BE COMPLETED BY A VETERINARIAN. Draw Outlines of True White Markings (with underlying pink skin) on the figures below in **RED INK**. Show any Brands or Scars. Use **BLACK INK** for Whorls which must be shown with an "X", feathered Whorls have a line added in the direction of the Feather. **NB:-SHOW ALL WHORLS ON THE DIAGRAM, EVEN COMMON ONES. MARK MICROCHIP INSERT WITH 'M'**



NAME OF HORSE	*FEMALE *ENTIRE *GELDING	DATE OF BIRTH/...../.....	HEIGHT	COLOUR	MICROCHIP No. (Must be Confirmed By Vet)
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Written Description of Colour, Markings, ALL Whorls, Scars, and Brands

HEAD.....
..... **EYE COLOUR:** **BODY SKIN COLOUR:**.....

NECK.....

LEFT FORE..... **HOOF:** BLACK/ WHITE/ STRIPED

RIGHT FORE..... **HOOF:** BLACK/ WHITE/ STRIPED

LEFT HIND..... **HOOF:** BLACK/ WHITE/ STRIPED

RIGHT HIND..... **HOOF:** BLACK/ WHITE/ STRIPED

BODY.....
..... **SCARS OR BRANDS:**

VET DECLARATION - I CONFIRM I LOCATED, READ, & WROTE THE MICROCHIP No ON THIS FORM- YES Or NO (Vet delete as appropriate)

Date of Identity Examination/...../.....	Veterinary Surgeon's NAME (Printed in CAPS)	Vet Surgery Official Stamp	If less than 3 Whorls found - Vet Must Draw the outline of the chestnuts								
Signature of Examining Vet	Practice Address		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">L Front</th> <th style="width:25%;">R Front</th> <th style="width:25%;">L Hind</th> <th style="width:25%;">R Hind</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>	L Front	R Front	L Hind	R Hind				
L Front	R Front	L Hind	R Hind								