FORM: HHP CRF





## **KELAB KUCING MALAYSIA**

## REGISTRATION OR TRANSFER OF HHP CAT

- 1. Please use Ink. Only BLOCK CAPITALS accepted.
- 2. No name including the prefix shall exceed 35 letters and not more than two words in addition to the breeder's prefix.
- 3. The use of numbers, whether in words or numerals, apostrophies and the letter(s) which go with it, and all hyphens are not permitted.
- The use of names of towns, places, countries, notable persons or names that are misleading as to sex, origin or relationship may be refused.

<b>DETAI</b>	LS O	F CAT
DETAL	$L_{\Omega} \cup$	гсаг

1 1	М	*																														T				
Name o	f Cat (	1 <sup>st</sup> ch	noice}	- 3	3 let	ter	s/sp	ac	e n	na	X									•		•	•									 			•	•
Breed	: DL	H / C	SH		Variety :																															
Male					Female Date of Birth																															
REGIST																																				
Declaration - I/We certify that to the best of my/our knowledge and belief the above particulars are correct and I/We agree to become bound by the Constitution, Rules and Regulations of the M.C.C. and of any decisions of the Committee of the M.C.C.																																				
become bound by the Constitution, Rules and Regulations of the M.C.C. and of any decisions of the Committee of the M.C.C.																																				
Name:																																				
Address	s:																															 		 		
Email:						•••								С	onta	ac	t No	:				•••	• • • •							• • • •		 		 ••••		
Signed by Owner(s):																																				
TRANSFER OF OWNERSHIP OF CATS																																				
IRANSE	EROF	OW	NERSE	IIP (	OF C	ΑI	5																													
Declaration - I/We certify that to the best of my/our knowledge and belief the above particulars are correct and I/We agree to become bound by the Constitution, Rules and Regulations of the M.C.C. and of any decisions of the Committee of the M.C.C.																																				
Signed I	ov pre	/ious	owne	r(s)												Sic	ane	d b	vľ	ores	sen	nt o	wn	er(	s).							 		 		
Name: .																N	ame	):														 		 		
Address	i:													•••		₽	۸ddr	ess	S: .								••••	••••	••••		••••	 ••••		 		
					•••••	••••	•••••							• • •				••••	•••		••••					• • • •						 		 		
Date:														Da	ate:																					
FEES:										_																					_	 				
				_																																
REGISTI	RATIO	N/TR	ANSFE	R							F	RM	25	5.0	00																					

ALL FEES TO BE PAID DIRECTLY TO KKM ACCOUNT : MAYBANK 014123402469 REGISTRATION FORM AND PAYMENT RECEIPT CAN BE SENT TO :

kkmhousecat@gmail.com

OR THE KKM HHP REGISTRAR, G-25, JALAN PANDAN PRIMA 1, DATARAN PANDAN PRIMA, 55100 AMPANG, SELANGOR DARUL EHSAN