



**The Welsh Pony and Cob Society, Africa**  
**Die Walliese Ponie en Cob Genootskap, Afrika**

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**INTER-SECTION TRANSFER**

**(Complete the form in block letters please)**

**Please Note: Transfers are only possible A to B, C to D and D to C depending solely on height**

NAME OF PONY/COB				
REGISTRATION NUMBER				
SECTION REGISTERED	A	X	C	D
SECTION TO BE REGISTERED	X	B	C	D
SECTION OF SIRE	A	B	C	D
SECTION OF DAM	A	B	C	D
DATE OF BIRTH				
DNA NUMBER	/			

**HEIGHT CERTIFICATE to be completed by a Veterinary Surgeon**

This is to certify that I have measured the pony/cob above as follows

HEIGHT (complete both)	(cms)	(hands)
VETERINARY SURGEON	SIGNATURE	
	NAME	
	REGISTRATION NO.	R _ _ _ _
	TELEPHONE NO	
	ADDRESS	
	DATE	
	PRACTICE STAMP	
OWNER OF PONY/COB	NAME	
	SIGNATURE	
	DATE	
	TELEPHONE NUMBER	
	ADDRESS	

NB This certificate will not be valid unless signed by a Veterinary Surgeon

For office use only	Date registered with NSBA	
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