

REGISTRASIESERTIFIKAAT
Arabierperd Genootskap van Suid-Afrika

Hiermee word gesertifiseer dat hierdie HINGS aangeneem is vir inskrywing in die Arabierperd Genootskap van Suid-Afrika

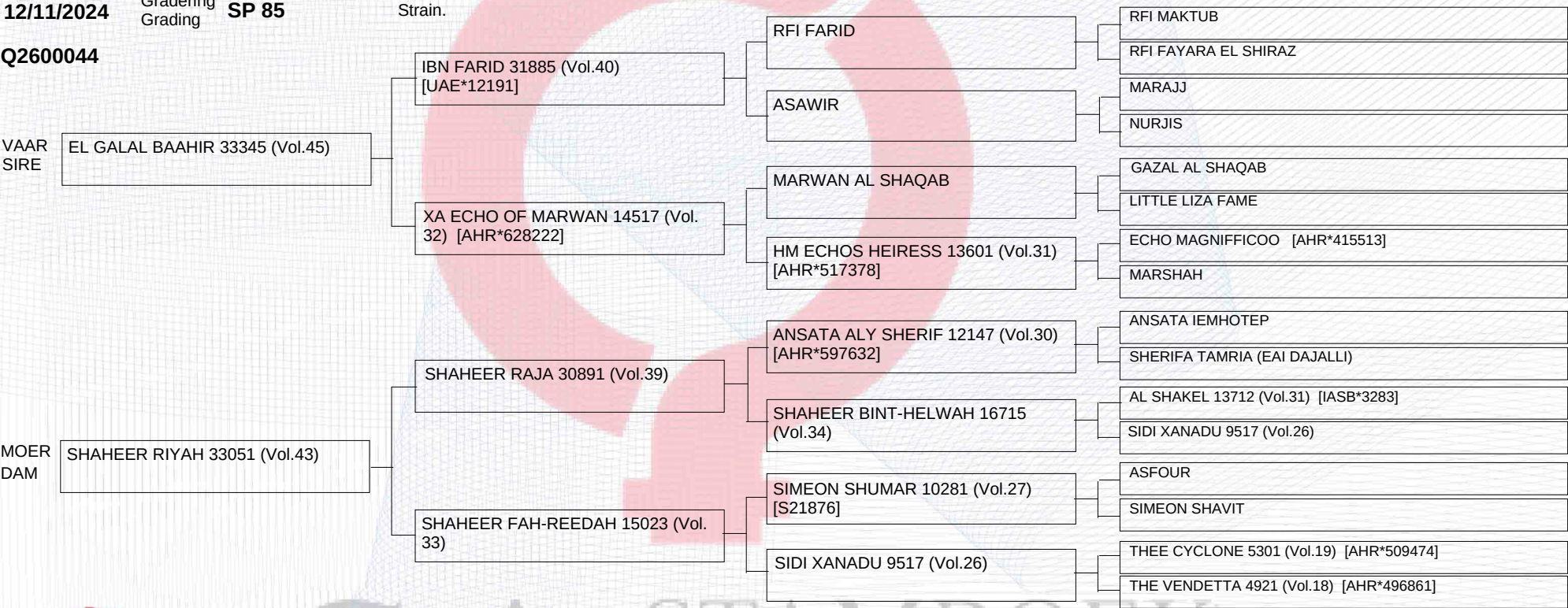
ARAB HORSE SOCIETY
OF SOUTH AFRICA

REGISTRATION CERTIFICATE
The Arab Horse Society of South-Africa

This is to certify that this STALLION has been accepted for entry in the Arab Horse Society of South Africa

Naam Name **EL GALAL BASHAR (ZA)**
Gebore Born **12/11/2024** Gradering Grading **SP 85**
DNS DNA **Q2600044**
Skyfie Chip

Rekenaar Nr Computer No. **0013465620**
Registrasie Nr Registration No. **35120**
Deel Volume **50**



Teler Breeder (0551401) MNR. J.J. KOEN
POSBUS 234, BURGERSDORP, 9744

(Parentage Verified)

Datum van inspeksie
Date of inspection

Datum van uitreiking
Date of issue **07/08/2026**

KORREK GESERTIFISEER
CERTIFIED CORRECT

HOOFBESTUURDER / GENERAL MANAGER
SUID-AFRIKAANSE STAMBOEKVERENIGING
SOUTH AFRICAN STUD BOOK ASSOCIATION
POSBUS 270 BLOEMFONTEIN BOX 270



CERTIFICATE
OF QUALITY
Valid up to
October 2029

Enige byvoegings en/of veranderings wat nie deur die Hoofbestuurder geparafeer is nie, sal hierdie Sertifikaat ongeldig maak.
Any additions and/or alterations not initialled by the General Manager will render this Certificate invalid

RECORD OF TRANSFERS · REKORD VAN OORDRAGTE

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

Trans Date Oordrags Datum	Name of Buyer Naam van Koper	Physical Address and Cell Number Posadres en Selfoon Nommer	Signature of Seller Handtekening van Verkoper	SA Stud Book SA Stamboek
08/10/2025	0731792 AL LAMRA ARABIAN STUD	THE HILLSIDE 269, LYNNWOOD PRETORIA, 0081	MNR. J.J. KOEN	

Notification of death: Date
Kennisgewing van dood: Datum

Signature of Owner: _____
Handtekening van Eienaar: _____

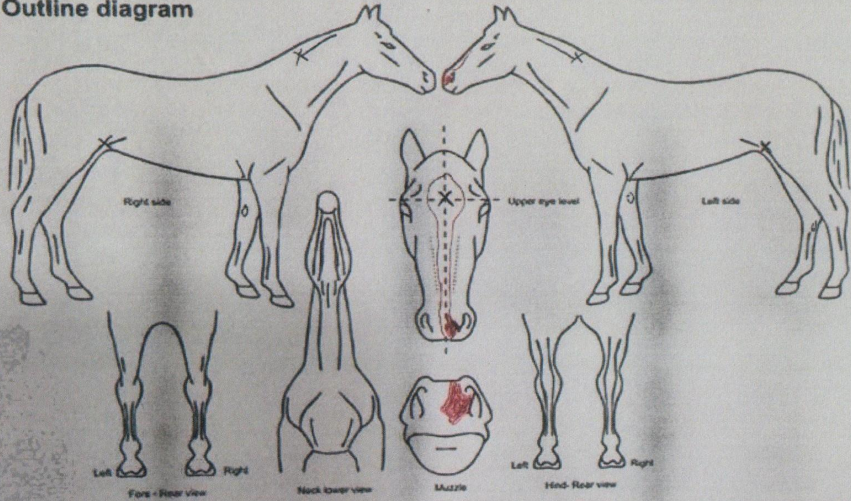
Notification of Gelding: Date
Kennisgewing van Kastrenging: Datum

Signature of Owner: _____
Handtekening van Eienaar: _____

GENERAL MANAGER/HOOFBESTUURDER

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
M	CHESTNUT	12-11-2024	EL GALAL BASHAR	SHAMEER RIRAH	EL GALAL BASHAR

Outline diagram



MICROCHIP STICKER

Expiry Date: 28/06/2027
900223004002199

NAME OF VETERINARIAN

DR TIEANKE TERBLANCHE(BVSc)

SIGNATURE OF VETERINARIAN

DATE 07/07/2026

PRACTICE STAMP

KERKSTRAAT ANIMAL CLINIC

36 CHURCH STREET
BROMKHOORSTSPRUIT
013 932 3056 / 079 957 0172

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: WHORL ON MEDIAN LINE AT UPPER EYE LEVEL. STAR WITH STRIPE TO MUZZLE ENDING IN FLESH MARK. FLESH MARK ENTERS LEFT NOSTRILS. BILATERAL MANDIBULAR WHORLS.

LEFT FORE	CHESTNUT MEDIAL CARPUS.
RIGHT FORE	CHESTNUT MEDIAL CARPUS.
LEFT HIND	CHESTNUT MEDIAL HOCK.
RIGHT HIND	CHESTNUT MEDIAL HOCK.

BODY / WHORLS

WHORL ON MEDIAN LINE AT UPPER EYE LEVEL INCLUDED IN STAR. INDOOR FEATHER. BILATERAL PECTORAL FEATHERS. BILATERAL GIRTH FEATHERS. BILATERAL FLANK WHORLS.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) N/C.

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)****Passport Number
SB10117****HORSE PASSPORT****EL GALAL BASHAR (ZA)****Not accepted at SAEF / FEI events.**

ISSUED BY:

***South African Stud Book
and Livestock Improvement Association*****P.O. Box 270 • Bloemfontein 9300****Tel: (051) 410-0900 • Fax: (051) 447-3964****CERTIFICATE
OF QUALITY**
Valid up to
October 2029

LABORATORY TEST
Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

DATE	PLACE AND DISTRICT	VACCINE			NAME (PRINTED), ADDRESS AND SIGNATURE OF VACCINATOR
		NAME	BATCH NUMBER	DISEASE	
D D M M Y Y 					

Continued

VACCINATIONS AGAINST EQUINE INFLUENZA

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

DATE OF VACCINATION	TYPE,NAME AND BATCH NO. OF VACCINE	NAME AND ADDRESS OF VACCINATOR AND CAPACITY (PLEASE PRINT)	SIGNATURE OF VACCINATOR
D D M M Y Y 			

Continued

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

I, the undersigned, inspected this equine and certify that it:

- 1. showed no clinical signs of disease,
- 2. has not been in contact during the last 15 days (as far as can be ascertained) with other equidae suffering from an infectious or contagious disease,
- 3. does not originate from an area where veterinary restrictions pertaining to diseases communicable to equidae are in force and does not come from a holding under veterinary restrictions,
- 4. does not come from a holding where there has been a case of African horse sickness during the past 40 days,
- 5. originates from a holding, either in, the African horse sickness infected area or African horse sickness protection zone and was vaccinated against African horse sickness by a veterinarian using a registered polyvalent African horse sickness vaccine as prescribed by the vaccine manufacturer at least 40 days, and not more than 24 months , prior to movement, or the African horse sickness surveillance zone and was not vaccinated against African horse sickness during the past 40 days. Furthermore , I undertake to pre-notify the State Veterinarian: Boland of the movement of this equine.

NB. Movement must commence within 72 hours of signature of this certificate by your veterinarian.

ORIGIN			DESTINATION		DATE EXAMINED	NAME AND ADDRESS OF CERTIFYING VETERINARIAN	SIGNATURE OF CERTIFYING VETERINARIAN
Date of Departure	District	Holding	Date of Arrival	District			

Continued

IDENTIFICATION OF HORSE DESCRIBED IN THIS PASSPORT

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

DATE	TOWN AND DISTRICT	PURPOSE OF CONTROL (EVENT, HEALTH CERTIFICATE, ETC.)	SIGNATURE, NAME (PRINTED) AND STATUS OF OFFICIAL VERIFYING IDENTIFICATION
D D M M Y Y 			

VACCINATIONS AGAINST AFRICAN HORSE SICKNESS

Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

Every vaccination against AHS which the equine undergoes must be entered clearly and in detail on this sheet in the space provided below.

[illegible]

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Passport Nr: SB10117 Name: EL GALAL BASHAR (ZA)

[illegible]