

REGISTRASIESERTIFIKAAT
Arabierperd Genootskap van Suid-Afrika

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

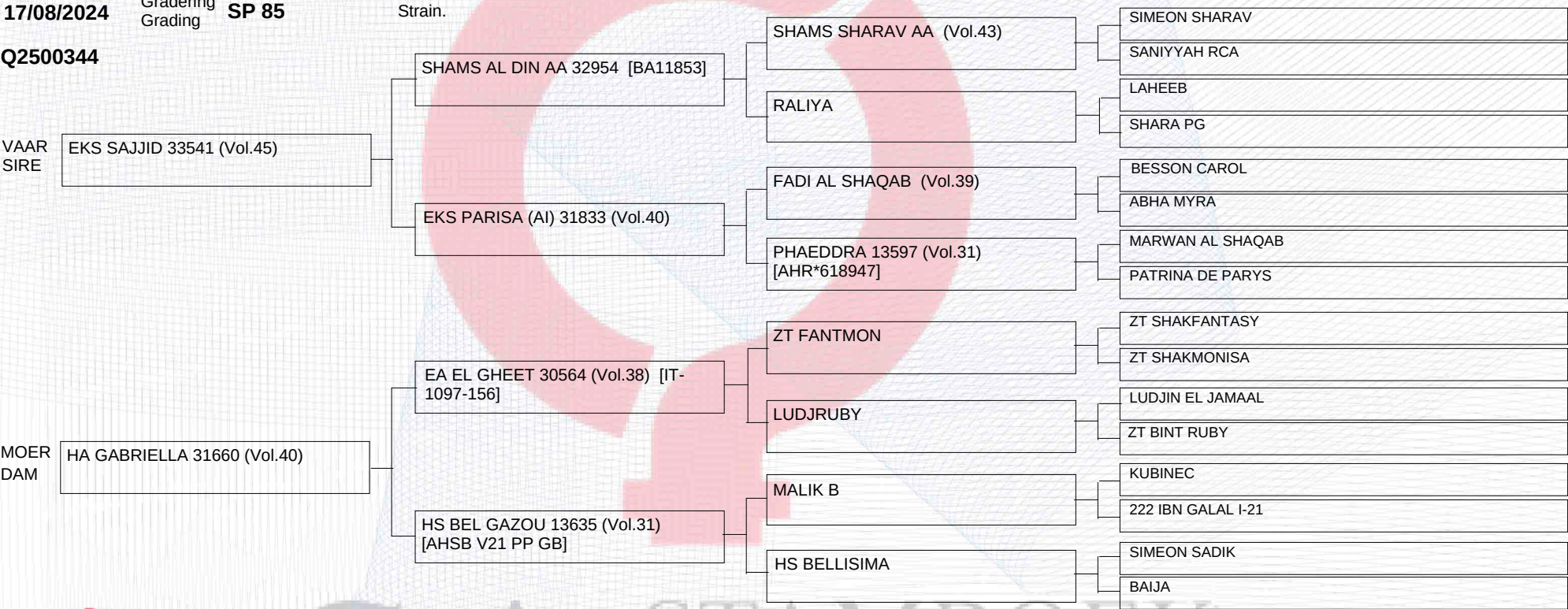
ARAB HORSE SOCIETY
OF SOUTH AFRICA

REGISTRATION CERTIFICATE
The Arab Horse Society of South-Africa

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

Naam
Name **HA JAMILA ZAHRAH (ZA)**
Gebore
Born **17/08/2024** Gradering
Grading **SP 85**
DNS
DNA **Q2500344**
Skyfie
Chip

Rekenaar Nr
Computer No. **0013461793** Registrasie Nr
Registration No. **35012** Deel
Volume **49**



Teler
Breeder **(0647632) AUCAMP ARABIERE
POSTNET SUITE 53, PRIVAATSAK X20097,
LYDENBURG, 1120**

(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 initialed by the General Manager will render this Certificate invalid

Notification of death: Kennisgewing van dood:	Date Datum	_____
Signature of Owner: Handtekening van Eienaar:		_____
Notification of Gelding: Kennisgewing van Kastrering:	Date Datum	_____
Signature of Owner: Handtekening van Eienaar:		_____

Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (ZA)

10 of 16

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (ZA)****Passport Number
SB9862****HORSE PASSPORT****HA JAMILA ZAHRAH (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: SB9862 Name: HA JAMILA ZAHRAH (ZA)

[illegible]

Continued

VACCINATION (OF NON-CONTROLLED DISEASES)

Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (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: SB9862 Name: HA JAMILA ZAHRAH (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

13 of 16

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT (CONTINUED)

Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (ZA)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (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: SB9862 Name: HA JAMILA ZAHRAH (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: SB9862 Name: HA JAMILA ZAHRAH (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]

Continue on page 11

Passport Nr: SB9862 Name: HA JAMILA ZAHRAH (ZA)

[illegible]