

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
AAA FAYADAN (ZA)
Gebore
Born
26/11/2022
Gradering
Grading
SP 90
DNS
DNA
Q2300175
Skyfie
Chip

Rekenaar Nr
Computer No.
0013418348
Registrasie Nr
Registration No.
34184
Deel
Volume
47

Strain. KEHEILAN RODAN

VAAR
SIRE
SIDI SCORPIO (AI) 17032 (Vol.35)

MOER
DAM
DEO JADA 17100 (Vol.35)

MAGNUM CHALL HVP

SIDI MOONLIGHTING 9398 (Vol.26)

STAR OF ECAHO FEA 14276 (Vol.32) [AHR*619727]

SIDI DARENA 6086 (Vol.20)

MAGNUM PSYCHE

TAAMARA HVP

TR SCARLET SCORPION 7139 (Vol.22) [AHRA/US 0531873]

LA FIESTAA 2866 (Vol.13) [AHR*294580]

ECAHO

ELEUZA

MAISTRO 3804 (Vol.16) [AHR*462211]

VIDIKO DÁRI 3974 (Vol.16)

PADRON'S PSYCHE [AHR*418979]

A FANCY MIRACLE

DON EL CHALL

TANANAA

NARIADNI

HK KUZATA

ABHA NEJEB

TALAGATA

PEPTON

ETRURIA

EUKALIPTUS

ETOPA

THE MINSTRIL

AMIRI SANAA

DARIUS 651 (Vol.3)

NOURMAHAL VANESSA 526 (Vol.3)



Teler
Breeder
(0682467) AAA STUD
POSBUS 294, UPINGTON, 8800

(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

RECORD OF TRANSFERS · REKORD VAN OORDRAGTE

Passport Nr: SB10115 Name: AAA FAYADAN (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
07/05/2024	0725633 JJD UYS	FARM WATERVAL, VERENA, 230 JS MPUMALANGA, 0458	AAA STUD	
02/01/2025	0731792 AL LAMRA ARABIAN STUD	THE HILLSIDE 269, LYNNWOOD PRETORIA, 0081	JJD UYS	

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
M

COLOUR
Grey

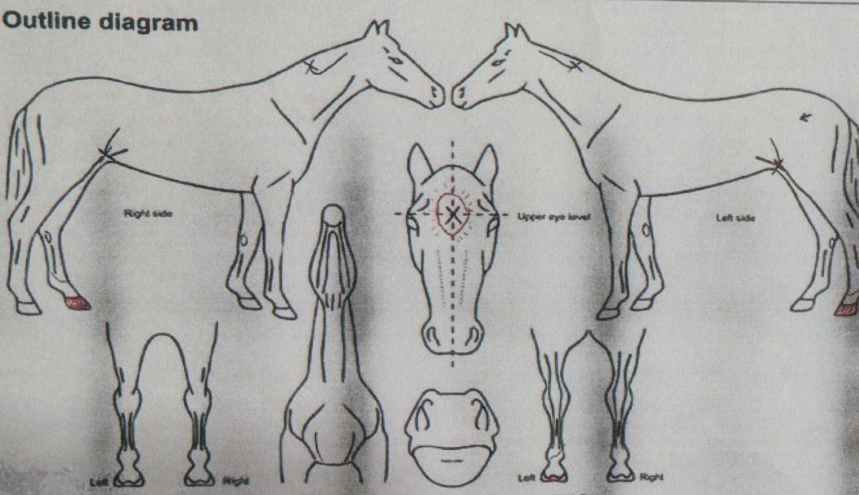
DATE OF BIRTH (DD/MM/YYYY)
26-11-2022

SIRE
SIOI scorio

DAM
DEO JARA

REGISTERED NAME
AAA FAYADAN

Outline diagram



MICROCHIP STICKER

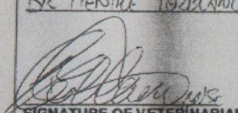
Expiry Date: 2030/10/12

900223001186325

NAME OF VETERINARIAN

DR TIENIKE TROBLANC NECHES

SIGNATURE OF VETERINARIAN



DATE

07/07/2026

PRACTICE STAMP

KERKSTRAAT ANIMAL CLINIC
36 CHURCH STREET
BROOKHURSTFRUIT
015 932 3056 / 075 957 0172
info@kerkstr.co.za

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: WHORL ON MEDIAN LINE AT UPPER EYE LEVEL ENCLOSED IN STAR WITH STRIKING WHITE HAIRS.

LEFT FORE	CHESTNUT MEDIAL CARPUS.
RIGHT FORE	CHESTNUT MEDIAL CARPUS.
LEFT HIND	CHESTNUT MEDIAL HOCK. WHITE UP TO FETLOCK. WHITE NOOF.
RIGHT HIND	CHESTNUT MEDIAL HOCK.

BODY / WHORLS

FOREHEAD WHORL ON MEDIAN LINE AT UPPER EYE LEVEL.
BILATERAL MID-CREST WHORLS WITH FORWARD FEATHERING.
BILATERAL PECTORAL FEATHERING.
THROAT FEATHER.
BILATERAL FLANK WHORLS WITH MARKED FEATHERING.
UNILATERAL CAUDAL CANNON BONE FEATHERS.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

SCAR ON LEFT LATERAL THIGH.

**MULTIPLE MOVEMENT
PERMIT****Passport Nr: SB10115 Name: AAA FAYADAN (ZA)****Passport Number
SB10115****HORSE PASSPORT****AAA FAYADAN (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

[illegible]

Continued

LABORATORY TEST

LABORATORY TEST
Passport Nr: SB10115 Name: AAA FAYADAN (ZA)

[illegible]

VACCINATION (OF NON-CONTROLLED DISEASES)
Passport Nr: SB10115 Name: AAA FAYADAN (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: SB10115 Name: AAA FAYADAN (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: SB10115 Name: AAA FAYADAN (ZA)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10115 Name: AAA FAYADAN (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	Holding			

Continued

IDENTIFICATION OF HORSE DESCRIBED IN THIS PASSPORT

Passport Nr: SB10115 Name: AAA FAYADAN (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: SB10115 Name: AAA FAYADAN (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: SB10115 Name: AAA FAYADAN (ZA)

[illegible]