

REGISTRASIESERTIFIKAAT

S.A. Boerperdteleersgenootskap van Suid-Afrika

Hiermee word gesertifiseer dat hierdie REUN aangeneem is vir inskrywing in die
S.A. Boerperd Perdetelersgenootskap van Suid-Afrika



REGISTRATION CERTIFICATE

S.A. Boerperd Breeders Society of South Africa

This is to certify that this GELDING has been accepted for entry in the
S.A. Boerperd Breeders' Society of South Africa

Naam
Name **MICHMAR WINSTON (Parentage Verified)**

Rekenaar Nr
Computer No. **0013469713**

Registrasie Nr
Registration No.

Deel
Volume

Gebore
Born **18/10/2022** Gradering
Grading **SP NO**

DNA
DNA **ZOEQU106045** Skyfie
Chip **933071000244185**

VAAR
SIRE **MICHMAR NEPTIMUS (0013148358)
(SP)**

MOER
DAM **MICHMAR FLERRIE (0012462859)
(SP)**

ID Nr
ID No.

**ROEMRYK INGENIEUR
(0012278354) (B)**

MICHMAR CISKA (0012226049) (SP)

**LANG-CAREL JURIS 337
(0011220605) (SP)**

**MICHMAR ASTRANT (0012121893)
(B)**

**ROEMRYK BASTION 437F2
(0011276839) (A)**

**ROEMRYK DEFTIG (0011475159)
(B)**

**LANG-CAREL OPPAS (0011475191)
(B)**

LI-JUAN FLEUR (0011631363) (B)

**LANG-CAREL ECHO 232F3
(0010930246) (B)**

**LANG-CAREL DORADO 875F3
(0011005964) (B)**

**ROEMRYK BASTION 437F2
(0011276839) (A)**

**LI-JUAN BALADE 1504F3
(0011009701) (B)**

LEKKERKRY BOBBY 304F2 (0010930832) (A)

LEKKERKRY MIRIAM 1082F1 (0010949535) (A)

LEKKERKRY BOBBY 304F2 (0010930832) (A)

LEKKERKRY NIKITA 1311F2 (0011008760) (A)

LANG-CAREL BASTA 152F2 (0010929685) (A)

LANG-CAREL JUFFER 1347F3 (0011008828) (B)

LANG-CAREL IVOOR 293F3 (0010930675) (B)

LANG-CAREL FANFARE 1047F2 (0011023843) (A)

LANG-CAREL AMOK 161F3 (0010929909) (B)

LANG-CAREL VOSSIE 324F2 (0011002292) (A)

LANG-CAREL BASTA 152F2 (0010929685) (A)

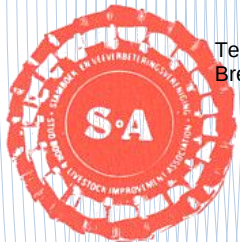
LANG-CAREL KWARTEL 741F2 (0011023751) (A)

LEKKERKRY BOBBY 304F2 (0010930832) (A)

LEKKERKRY MIRIAM 1082F1 (0010949535) (A)

LANG-CAREL GOU-GOU 273F2 (0011011400) (A)

LANG-CAREL KYK HIER 355F2 (0011002649) (A)



Teler
Breeder **(0513213) H.A.M. JANSE VAN RENSBURG
HUMANSRUST, POSBUS 269, SENEKAL, 9600**

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

Datum van inspeksie
Date of inspection **17/03/2026**

Datum van uitreiking
Date of issue **01/10/2026**

**KORREK GESERTIFISEER
CERTIFIED CORRECT**

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



[illegible]

Notification of death:
Kennisgewing van dood:

Date _____
Datum _____

Signature of Owner:
Handtekening van Eienaar:

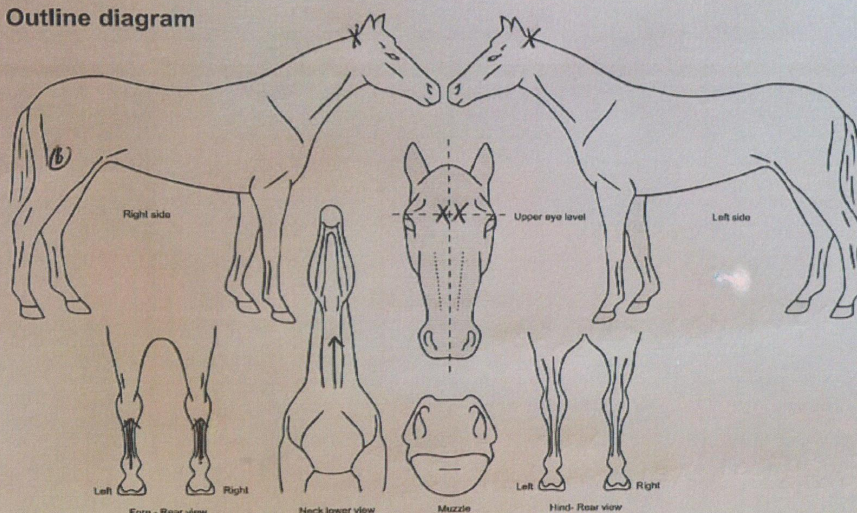
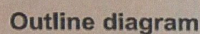
Notification of Gelding:
Kennisgewing van Kastrering:

Date 17/03/2026
Datum -----

Signature of Owner:
Handtekening van Eienaar:

GENERAL MANAGER/HOOFBESTUURDER

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
GELDING	GREY	18/10/2022	MICHMAR NEPTIMUS	MICHMAR FLERIE	MICHMAR WINSTON



MICROCHIP STICKER

933071 000 244 185

NAME OF VETERINARIAN _____

DE M STRYDOM

Signature of Veterinarian

DATE 18, 9, 2026

PRACTICE STAMP

• ETHLEHEM DIERHOSPITAAL 2 BK
 CK: 2005/063633/23
 Postbus 1444, Bethlehem, 9700
 Tel: (058) 303 2274

WRITTEN DESCRIPTION OF MARKINGS:

WRITTEN DESCRIPTION OF MARKINGS:
HEAD: 2X WHORLS, ON EYE-LEVEL, 1X WHORL BEHIND EAR BILATERAL, FEATHER WHORL VENTRAL NECK

LEFT FORE	BLACK HOOF
RIGHT FORE	BLACK HOOF
LEFT HIND	BLACK HOOF, FEATHER WHORL ON CANNON.
RIGHT HIND	BLACK HOOF FEATER WHORL ON CANNON

BODY / WHORLS
NONE

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS).

(B) BOERPERD BRAND ON RIGHT HIND QUARTER

**MULTIPLE MOVEMENT
PERMIT**

Passport Nr: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

Passport Number
SB10143

HORSE PASSPORT

MICHMAR WINSTON (Parentage Verified)

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

VACCINATIONS AGAINST EQUINE INFLUENZA

Passport Nr: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

[illegible]

Continued

LABORATORY TEST

LABORATORY TEST
Passport Nr: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

[illegible]

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

Continued

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: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

[illegible]

HEALTH CERTIFICATE FOR MOVEMENT

Passport Nr: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

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: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

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: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

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: SB10143 Name: MICHMAR WINSTON (Parentage Verified)

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