

M. M. PFEFFER

NUWE DEELNEMER

- 1. DEELNEMER NO. 10/7/11/9/4/6/1/1/
- 2. ONTVANG OP 12/6/10/4/-/2/0/2/4/
- 3. BETALING ONTVANG f.c.

KONTROLE LYS /☒/ Voorbereiding /☐/ ESB
/ ☒/ Lidnommer /☐/ Briewe

IRIS /☒/ Skep lid / 000 / /☐/ Skandeer Ontvangs
/ ☒/ Skep lid / _RAS_ / 1360 /☐/ Diere saam aansoek

Voltooi /☐/ Voltooi adres & inligting (maint) / 000 / /☐/ Prestasie Toetsing, aktief
Melk, Vleis, Kleinvee

SESSIE

- / ☒/ Voltooi adres & inligting (maint) / _RAS_ /
- / ☒/ Dist (SMU) (user group)
- / ☒/ MMNM -(MEM, NON-MEM, ISP,)
- / ☒/ PERF - (STUD)
- / ☒/ MTYP - (01, 02, 03, __)

Extentions

/ ☒/ Skep voorvoegsel (Forge of Gante)

/ ☒/ KKM (GNT) DATUM AKTIEF 12/0/10/4/-/2/0/2/4/

.....

Nicola

From: SABBS Office <office@sabbs.co.za>
Sent: 26 April 2024 11:16 AM
To: 'Nicola'
Subject: GEWONE 719461 WORD NOU TELER ASB
Attachments: doc01060720240418165400.pdf

Flag Status: Flagged

KENNEL NAME: FORGE OF GIANTS



Suid-Afrikaanse Stamboek- en Diereverbeteringsvereniging
(Geregistreer in terme van Wet 62 van 1998)
South African Stud Book and Animal Improvement Association
(Registered in terms of Act 62 of 1998)

www.studbook.co.za Posbus / PO Box 270, Bloemfontein, 9300
(051) 410 0900 (051) 447 3964 info@studbook.co.za

SABBS-LID / SABBS MEMBER

**AANSOEK OM VERPLIGTE VOORVOEGSELREGISTRASIE BY DIE LNR (LANDBOONAVORSINGSRAAD)
VIA SA STAMBOEK / APPLICATION FOR COMPULSORY PREFIX REGISTRATION WITH THE
ARC (AGRICULTURAL RESEARCH COUNCIL) VIA SA STUD BOOK**

RAS:/BREED: BOERBOEL

Boerboelteler / Boerboel breeder

Boerboeleienaar / Boerboel owner

Forge of Giants

Markus Pfeffer

1. EK / ONS II / WE (Titel / Title)

2. VOORLETTERS / INITIALS

3. VAN / SURNAME

4. ID. NOMMER / ID NUMBER

5. BTW-NOMMER / VAT NUMBER

NAME / NAAM										Markus									
Pfeffer																			
L	5	Z	8	M	6	7	8	0											

Heg asb. 'n afskrif van die BTW sertifikaat aan, indien van toepassing / Please attach a copy of the VAT certificate, if applicable

6. DEELNEMER NAAM (indien die deelname nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)

PARTICIPANT NAME (if participation is not to be registered under the surname of the applicant or as an individual)

NA 24 US P F B F F B R

ADRES VAN AANSOEKER / ADDRESS OF APPLICANT

7. BARNHARDSBER STR. 22

8. D-36039 FULDA

9. Prov. HESSEN Staat / State Land / Country Germany

10. POSKODE/ZIP CODE D-36039 TEL (0049) (0)15111962835

SEL / CELL

11. E-POS / E-MAIL MARKUS.PFEFFER @ EMAIL.DE

12. TAALVOORKEUR / LANGUAGE PREFERENCE AFRIKAANS ENGLISH X

13. DEELNAME WORD VERLANG VANAF PARTICIPATION IS REQUIRED FROM

D	D	M	M	C	C	Y	Y
0	1	0	4	2	0	2	4

14. TIPE DEELNAME / TYPE OF PARTICIPATION:

1/1/	INDIVIDUELE DEELNAME / INDIVIDUAL PARTICIPTION		X
1/2/	VENNOOTSKAP / PARTNERSHIP*	Aantal vennote / Number of partners	
1/3/	MAATSKAPPY / COMPANY #		
1/4/	REGSPERSONLIKHEIDSLIGGAAM / BODY CORPORATE #*		
1/5/	TRUST #*		

#* Registrasienr. / Registration No.

13/ Heg asb. die volgende aan, indien van toepassing:/Please attach the following, if applicable:

a. Uittreksel uit die notule waar die betrokke besluit genotuleer is. / Extract of the minutes reflecting the decision.

- | | |
|--|--|
| * Gemagtigde persoon/Authorised person | |
|--|--|

JA / YES		NEE / NO	☒
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TELERVERENIGING / BREEDER SOCIETY	
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NOMMER OF NAAM / /NUMBER OR NAME	

16. ADRES WAAR STOET GEHOU WORD /ADDRESS WHERE STUD IS KEPT

[illegible]

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18. ADRESLYN 1 / ADDRESS LINE 1

[illegible][illegible][illegible]

	TEL	()	
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	@
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MY/OUR CHOICE FOR A STUD NAME (PREFIX) Please give six (6) combinations in order of preference. Names of towns and cities are not allowed. In the case of existing stud names SA Stud Book will be as accommodating as possible. The same stud names in different countries are also not permissible. No prefix shall exceed 18 characters. The name of a city, town or post office shall not be accepted for registration as a prefix.

[illegible]

South African Boerboel Breeders' Society

Registered as a breeders' society in terms of the Animal Improvement Act, No 62 of 1998

Registration Number 62/98/B-68

Head Office South Africa

+27 (0)51 410 0950

SABBS

506, Bloemfontein, 9300, South Africa office@sabbs.org www.sabbs.org

Member application

Complete "A", "C" and "D" in full, "B" only if applicable.

Complete using MS Word®, print, scan, and submit.

Submit the completed form with proof of payment by e-mail to office@sabbs.org.

A. PERSONAL PARTICULARS

Language preference:	☒ English	☐ Afrikaans	Member Type:	☒ Ordinary Member	☐ Junior Member	☐ Other ¹
If Member Type is Other, Name of Body ² :	...					
If Member Type is Other, Reference Number ² :	...		Identity Number ² :	...		
Surname:	MARKUS PFBFFER			Given Names:	MARKUS	
Physical address:	...			Postal Address:	...	
...	...			...	Bernhardus Str. 22	
...	...			...	...	
...	...			...	D-36039 FULDA	
...	...			...	...	
Province / State:	...			Province / State:	HESSEN	
Country:	...		Postal / Zip Code:	...		...
Country:	GERMANY		Postal / Zip Code:	D-36039		
E-mail address:	MARKUS.PFBFFER@B.MAIL.DE					
Telephone Numbers: Please provide number in the following format:	+27 (0)51 410-0950					
Home:	...		Work:	...		Cell:
...		...		+49(0)15111962835		

B. BREEDER: APPLICATION FOR STUD / KENNEL NAME (PREFIX)

Application form available at: <https://sabbs.org/resources/forms>

FORCE OF GIANTS

☒ I wish to join SABBS as a breeder member and register a unique stud name (prefix) with SA Stud Book. The completed application form is attached.

C. FEES

APPLICABLE FEES AND PAYMENT INSTRUCTIONS

Please refer to the appropriate information sheet for your region, available at: <https://sabbs.org/resources/forms>.
If your country/region is not listed, please contact the SABBS Office at office@sabbs.org for a quotation.

Select your Region:	☐ South Africa & Africa (ZAR)	☐ Australia (A\$)	Joining fee (once-off SA Stud Book participation):	...
	☐ Czech Republic (CZK)	☐ Canada (CAN\$)	Subscription:	...
	☒ Europe & Scandinavia (€)	☐ Israel (₪)	Registration of Prefix, if required (breeders only):	...
	☐ United Kingdom (GB£)	☐ USA (US\$)	Total:	...

D. AGREEMENT

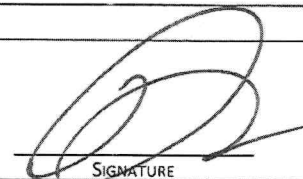
I agree to:

1. Accept and abide by the SABBS Constitution and Bylaws.
2. Pay all prescribed subscription and service fees upon request and when due.
3. Accept that SABBS may disclose my contact details to third parties as per the SABBS Member Privacy Mandate and Acknowledgement.
4. Accept that SABBS may specifically also include my name and contact information in the List of Members in Good Standing. This list is published on the website of SABBS.
5. Acknowledge my responsibility to advise SABBS should my contact information changes. This is to assist SABBS to maintain accurate and up-to-date membership records.

I declare that the information I have provided on this form is accurate.

18.04.24
DATE

PFBFFER
NAME


SIGNATURE

¹ Other: Company, close corporation, partnership, or other body corporate. In this case a reference number, the name of the body, and the personal particulars of the authorised representative must be provided.

² Identity Number: National Identification or equivalent unique personal identification number. If no number is issued in your country, passport number.