

## Philna Moelich

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**From:** SABBS office <sabbsoffice@gmail.com>  
**Sent:** 02 December 2020 01:35 PM  
**To:** Philna Hattingh  
**Subject:** TELER  
**Attachments:** IMG-20201202-WA0009.jpg; 20201202\_102746.PDF; 20201202\_102643.PDF

**From:** Derrick Quaye [mailto:derrickquaye10@gmail.com]  
**Sent:** 02 December 2020 13:19  
**To:** account@sabbs.org; office@sabbs.org; marisa@studbook.co.za; sabbsoffice@gmail.com; boerboelbreedersassociation@gmail.com  
**Subject:** Sabbs membership registration

Registration to become a sabbs member



# 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 ☎ +27 (0)51 448 4220  
✉ 506, Bloemfontein, 9300, South Africa ✉ office@sabbs.org 🌐 www.sabbs.org

## Member application

International

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](mailto:office@sabbs.org), or by fax to +27 (0)86 579 9400.

### A. PERSONAL PARTICULARS

|                                                                                      |                                             |                                    |                                |                                          |                                        |                                             |
|--------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|--------------------------------|------------------------------------------|----------------------------------------|---------------------------------------------|
| Language preference:                                                                 | <input checked="" type="checkbox"/> English | <input type="checkbox"/> Afrikaans | Member Type:                   | <input type="checkbox"/> Ordinary Member | <input type="checkbox"/> Junior Member | <input type="checkbox"/> Other <sup>1</sup> |
| If Member Type is Other, Name of Body <sup>1</sup> :                                 | ...                                         |                                    |                                |                                          |                                        |                                             |
| If Member Type is Other, Reference Number <sup>1</sup> :                             | ...                                         |                                    | Identity Number <sup>1</sup> : | ...                                      |                                        |                                             |
| Surname:                                                                             | QUAYE                                       |                                    | Given Names:                   | DERRICK TETTEH                           |                                        |                                             |
| Physical address:                                                                    | Postal Address:                             |                                    |                                |                                          |                                        |                                             |
| OGBOJO NII SAL AGO STREET                                                            |                                             |                                    |                                |                                          |                                        |                                             |
| HOUSE NUMBER 11                                                                      |                                             |                                    |                                |                                          |                                        |                                             |
| EAST LEGON                                                                           |                                             |                                    |                                |                                          |                                        |                                             |
| GD - 084 - 3452                                                                      |                                             |                                    |                                |                                          |                                        |                                             |
| Province / State:                                                                    | EAST LEGON                                  |                                    | Province / State:              | ACCRA                                    |                                        |                                             |
| Country:                                                                             | ...                                         |                                    | Country:                       | ...                                      |                                        |                                             |
| Postal / Zip Code: ...                                                               |                                             |                                    | Postal / Zip Code: ...         |                                          |                                        |                                             |
| E-mail address:                                                                      | derrickquaye10@gmail-com                    |                                    |                                |                                          |                                        |                                             |
| Telephone Numbers: Please provide number in the following format: +27 (0)51 410-0950 |                                             |                                    |                                |                                          |                                        |                                             |
| Home: ...                                                                            | Work: ...                                   | Cell: ...                          | +233548727474                  |                                          |                                        |                                             |

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

Application form available at: <http://sabbs.org/services/membership>

☒ 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: <http://sabbs.org/services/fees>.  
If your country/region is not listed, please contact the SABBS Office at [office@sabbs.org](mailto:office@sabbs.org) for a quotation.

Select your Region:

☐ Australia (AS) ☐ Canada (CANS)  
☐ Europe & Scandinavia (excl. UK) (€) ☐ Other  
☐ United Kingdom (GB£) ☐ USA (US\$)

|                                                      |        |
|------------------------------------------------------|--------|
| Joining fee (once-off SA Stud Book participation):   | R 650  |
| Subscription:                                        | R 700  |
| Registration of Prefix, if required (breeders only): | R 700  |
| Total:                                               | R 2050 |

### D. AGREEMENT

I agree to:

- Accept and abide by the SABBS Constitution and Bylaws.
- Pay all prescribed subscription and service fees upon request and when due.

21 - 11 - 2020

DERRICK QUAYE

DATE

NAME

SIGNATURE

<sup>1</sup> 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.

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



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



|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| Adress/Address      | Posbus / PO Box 270<br>BLOEMFONTEIN<br>9300                       |
| Telefoon/Telephone: | (051) 4100900                                                     |
| Faks/Fax:           | (051) 4473964                                                     |
| e-Pos/Mail:         | info@studbook.co.za                                               |
| Internet:           | <a href="http://www.studbook.co.za">http://www.studbook.co.za</a> |

**Lid van die Internasionale  
Komitee vir Diereverbetering  
Member of the International  
Committee for Animal Recording**

**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**

**Boerboelteler / Boerboel breeder**  
**Boerboeleienaar / Boerboel owner**

1. EK / ONS / I / WE (Titel / Title)
2. VOORLETTERS / INITIALS
3. VAN / SURNAME
4. ID. NOMMER / ID NUMBER
5. BTW-NOMMER / VAT NUMBER

[illegible]

2. **WEM NEMED NAAM** (i.e. die deelnemer nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)

[illegible][illegible]

- [illegible]

| 14. TYPE DEELNAME / TYPE OF PARTICIPATION: |                                                  |  |                                      |  |            |
|--------------------------------------------|--------------------------------------------------|--|--------------------------------------|--|------------|
| /1/                                        | INDIVIDUELE DEELNAME / INDIVIDUAL PARTICIPTION   |  |                                      |  | <i>YES</i> |
| /2/                                        | VENNOOTSCHAP / PARTNERSHIP*                      |  | Aantal vennoten / Number of partners |  | <i>NO</i>  |
| /3/                                        | MAATSCHAPPIJ / COMPANY #                         |  |                                      |  | <i>NO</i>  |
| /4/                                        | REGESPERSOONLIJKHEIDSLIGGAAM / BODY CORPORATE #* |  |                                      |  | <i>NO</i>  |
| /5/                                        | TRUST #*                                         |  |                                      |  | <i>NO</i>  |

[illegible]

- a. Uittreksel uit die notule waar die betrokke besluit genoteer is. / Extract of the minutes reflecting the decision.
- b. Volle name en adresse van alle aandeelhouders. / Full names and addresses of all the shareholders.
- c. Skriftelike magtiging aan tekengeregtigdes. / Written approval of signatories.

\* Gemagtigde persoon/Authorised person

15. Is u tans, of was u voorheen 'n lid van enige telervereniging van dieselfde of enige ander ras? / Were you formerly, or are you currently a member of any breeder society of the same or any other breed?

JA / YES ☐ NEE / NO ☒

Indien JA, dui die naam van die vereniging hieronder aan, asook u lidnummer, indien beskikbaar. / If YES, state the name of the society below, as well as your member number, if available.

TELERVERENIGING / BREEDER SOCIETY

NOMMER OF NAAM / NUMBER OR NAME

### BESONDERHEDE VAN BOERBOELSTOET / PARTICULARS OF BOERBOEL STUD

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| O | G | B | O | J | O | N | T | I | S | A | I | A | G | O | S | T | R | E | E | I |
| H | O | V | E | N | H | Y | M | B | E | R | I | I |   |   |   |   |   |   |   |   |
| E | A | S | T | L | E | G | O | N |   |   |   |   |   |   |   |   |   |   |   |   |
| G | R | E | A | T | E | R | A | C | C | R | A |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   | G | H | A | N | A |   |   |   |   |   |   |   |   |   |   |   |

17. NAASTE DORP OF STAD INDIEN OP 'N PLAAS OF KLEINHOEWE / NEAREST TOWN OR CITY IF ON A FARM OR SMALLHOLDING:

NO

POSADRES VIR KORRESPONDENSIE / POSTAL ADDRESS FOR CORRESPONDENCE

18. ADRESLYN 1 / ADDRESS LINE 1

P O B O X D M 8

19. ADRESLYN 2 / ADDRESS LINE 2

M A K O L A A C C R A

20. ADRESLYN 3 / ADDRESS LINE 3

G H A N A

21. POSKODE/ZIP CODE

TEL ( ) ( )

SEL / CELL

1233.543727474 FAKS / FAX ( ) ( )

22. E-POS / E-MAIL

deme.kgwele n @ gmcuf.com

23. GPS-KOÖRDINATE (indien beskikbaar) / GPS CO-ORDINATES (if available)

GD-084-3452

24. MY/ONS KEUSE VIR 'N STOETNAAM (VOORVOEGSEL) Gee asb. ses (6) keuses in orde van voorkeur. Name van dorpe en stede word nie toegelaat nie. In geval van bestaande stoetname, sal SA Stamboek so toegemoetkomend as moontlik wees en eers met telers skakel in geval van probleme. Dieselfde stoetname in verskillende lande is ook nie toelaatbaar nie. 'n Voorvoegsel moet nie 18 karakters oorskry nie. Die name van dorpe, stede of poskantore sal nie aanvaar word nie.

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.

|    |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |
|----|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| A) | Q | U | A | D | E | R | E | K |  |  |  |  |  |  |  |  |  |  |  |
| B) | D | Q |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |
| C) | R | A | S |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |
| D) | A | R | O | M | A |   |   |   |  |  |  |  |  |  |  |  |  |  |  |
| E) | B | O | S | T | E |   |   |   |  |  |  |  |  |  |  |  |  |  |  |
| F) | N | T |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |

26. EK ONDERNEEM OM MY AAN DIE BEPALINGE IN DIE GRONDWET EN DIE REÛLS, REGULASIES EN VERORDENINGE VAN SA STAMBOEK TE ONDERWERP. / I AGREE TO OBSERVE AND BE BOUND BY THE CONSTITUTION AND THE RULES, REGULATIONS AND BYE-LAWS OF SA STUD BOOK.

ONDERTEKEN TE  
SIGNED AT

HIERDIE  
THIS

DAG VAN  
DAY OF

2015  
2015

HANDTEKENINGE / SIGNATURES



AANSOEKER OF GEVOLMAGTIGDE /  
APPLICANT OR AUTHORISED PERSON

VERTEENWOORDIGER / REPRESENTATIVE  
SABBS

*Vir Kantoorrekord / For Office recording*

Stuur hierdie vorm asb. aan / Please return this form to

Marisa Nel

E-mail / E-pos: [office@sabbs.org](mailto:office@sabbs.org)

Fax / Faks: + 27 (0)51 448 4220

Tel: + 27 (0)51 410 0950

MR. D.T. QUAYE

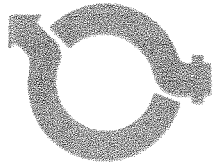
NUWE DEELNEMER

1. DEELNEMER NO. 101619161815121
2. ONTVANG OP 1012111121121012101
3. BETALING ONTVANG G.N.

|                                               |                   |                                |
|-----------------------------------------------|-------------------|--------------------------------|
| KONTROLE LYS                                  | / / Voorbereiding | / / Boek (skryf)               |
|                                               | / / Lidnommer     | / / Briewe                     |
| IRIS                                          |                   | / / Padkaart Iris              |
| / / Skep lid / 000 /                          |                   | / / Skandeer Ontvangs          |
| / / Skep lid / RAS / BBD                      |                   | / / Diere saam aansoek         |
| Voltooi                                       |                   | / / Prestasie Toetsing, aktief |
| / / Voltooi adres & inligting (maint) / 000 / |                   | Melk, Vleis, Kleinvee          |
| / / Voltooi adres & inligting (maint) / RAS / |                   | SESSIE                         |
| / / Dist (SMU) (user group)                   |                   | /                              |
| / / MMNM - (MEM, NON-MEM, ISP,)               |                   |                                |
| / / PERF - (STUD)                             |                   |                                |
| / / MTYP - (01, 02, 03, )                     |                   |                                |
| Extensions                                    |                   |                                |
| / / Skep voorvoegsel ( QUADEREK )             |                   |                                |

/ / KKM ( QUD ) DATUM AKTIEF 101111121121012101

.....



**SA STAMBOEK**  
**SA STUD BOOK**

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

Adres/Address: Posbus / PO Box 270 • BLOEMFONTEIN • 9300  
Telefoon/Telephone: (051) 4100900  
Faks/Fax: (051) 4473964  
e-Pos/Mail: info@studbook.co.za  
Internet: <http://www.studbook.co.za>



CERTIFICATE  
OF QUALITY  
Valid until  
1 April 2024

Lid van die Internasionale Komitee vir Dierverbetering  
Member of the International Committee for Animal Recording

Verw./Ref.: 0696852 (07/12)  
Datum/Date: 2020-12-07

**MR. D.T. QUAYE**  
**PO BOX DM8**  
**MAKOLA-ACCRA**  
**EAST LEGON**  
**GHANA**

Dear Applicant

**APPLICATION FOR PARTICIPATION**

We wish to welcome you as a stud breeder and as a member of the SA Boerboel Breeders' Society. We trust that the internationally approved recording system, on which your data will be recorded and processed, will be your advantage in the improvement of your animals.

The following Participant number and prefix were allocated to you:

**Participant number:** 0696852 BBD  
**Prefix:** QUADEREK  
**HDM:** QUD  
**Effective date:** 01/12/2020

*Kindly use your participant number in all correspondence, this will ease our task and ensure that you receive the service you deserve. We assure you of our best service at all times. Please do not hesitate to call us for assistance.*

We wish you successful breeding and trust that you will prosper through your efforts to improve your animals.

Kind regards,  
PHILNA MOELICH  
Pp  
GENERAL MANAGER