

Philna Moelich

From: Abdullah Davids <abdullah.davids@gmail.com>
Sent: 28 June 2026 09:59 PM
To: 'Philna Moelich'
Cc: 'Melissa Blom'
Subject: Paspoort Aansoek : Parkstille Gamza's Pride
Attachments: CCE20260628_0005.pdf

Stuur PDF's aan
Melissa

A handwritten signature in black ink, appearing to be 'ABD' or similar, with a stylized flourish.

Philna Moelich

From: Melissa Blom <melissab@stemma.co.za>
Sent: 29 June 2026 10:29 AM
To: philna@studbook.co.za
Subject: FW: Paspoort Aansoek : Morocco Field Marshall 2
Attachments: CCE20260628_0007.pdf

Hallo Philna,

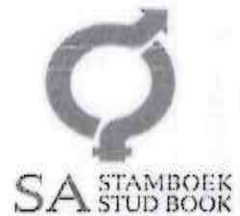
Die ene ook asseblief:

 S.A. HACKNEY(SHH)	Animal:
ID Number	5368
Prefix	MOROCCO
Name	FIELD MARSHALL II
Computer No. (Sex)	0013481908 (Stallion) SHHM5368
Date of Birth & Age (months)	07/01/2026 (5)
Section / subsection	SP / None
Status	REG (Registered)
Lab. No.	260549H001

Groete
Melissa

From: Abdullah Davids [mailto:abdullah.davids@gmail.com]
Sent: Sunday, 28 June 2026 22:14
To: 'Philna Moelich'
Cc: 'Melissa Blom'
Subject: Paspoort Aansoek : Morocco Field Marshall 2

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



OWNER'S DETAILS

Name of owner	A. DAVIDS (MOROCCO SAIS)		
ID number	6864095189089		
Member number	504519		
Address of owner	82, TENTH AVENUE, SCHAAPKRAAL, OTTERY		Postal code
			7941
Telephone	082 957 2500	E-mail	abdullah.davids@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	MOROCCO	Name	FIELD MARSHALL 2
Registration Number of horse	5368	BIRTH DATE	07-01-2026	BREED
				ARABIAN HORSE
RF ID Implant / Micro Chip Number	Yes / ☒		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

N. Apteker
Signature

Dr Nadine Apteker
Cape Animal Fertility Clinic
Box 1449, Stellenbosch, 7599
Practising 423 4444

25.05.26
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

Philna Moelich

From: Melissa Blom <melissab@stemma.co.za>
Sent: 29 June 2026 09:54 AM
To: philna@studbook.co.za
Subject: FW: Paspoort Aansoek : Morocco Great Style
Attachments: CCE20260628_0006.pdf

Hallo Philna,

Jy kan ook voort gaan met die ene.

 S.A. HACKNEY(SHH)	Animal:
ID Number	5366
Prefix	MOROCCO
Name	GREAT STYLE
Computer No. (Sex)	0013481924 (Stallion) SHHM5366
Date of Birth & Age (months)	28/03/2026 (3)
Section / subsection	SP / None
Status	REG (Registered)
Lab. No.	260549H003

From: Abdullah Davids [mailto:abdullah.davids@gmail.com]
Sent: Sunday, 28 June 2026 22:07
To: 'Philna Moelich'
Cc: 'Melissa Blom'
Subject: Paspoort Aansoek : Morocco Great Style

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

Name of owner	A. DAVIDS (MOROCCO Stud)		
ID number	6804095189089		
Member number	504519		
Address of owner	82, TENTH AVENUE, SCHAARWAT, OTTERY		
	Postal code	4941	
Telephone	082 957 2502	E-mail	abdullah.davids@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	MOROCCO	Name	GREAT STYLE
Registration Number of horse	5366	BIRTH DATE	28-03-2026	BREED
				HACKNEY HORSE
RF ID Implant / Micro Chip Number	Yes / No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

N. Apteker
Signature

Dr Nadine Apteker
Cape Animal Fertility Clinic
Box 1449, Stellenbosch, 7599
Practice 423 4444

25.05.26
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

Philna Moelich

From: Melissa Blom <melissab@stemma.co.za>
Sent: 29 June 2026 09:55 AM
To: philna@studbook.co.za
Subject: FW: Paspoort Aansoek : Parkstile Gamza's Pride
Attachments: CCE20260628_0005.pdf

Die ene ook asb Philna

 S.A. HACKNEY(SHH)	Animal:
ID Number	5364
Prefix	PARKSTILE
Name	GAMZA'S PRIDE
Computer No. (Sex)	0013481890 (Stallion) SHHM5364
Date of Birth & Age (months)	08/11/2025 (7)
Section / subsection	SP / None
Status	REG (Registered)
Lab. No.	260549H005

From: Abdullah Davids [mailto:abdullah.davids@gmail.com]
Sent: Sunday, 28 June 2026 21:59
To: 'Philna Moelich'
Cc: 'Melissa Blom'
Subject: Paspoort Aansoek : Parkstile Gamza's Pride

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

Name of owner	R. BARN. (BARN & SONS).		
ID number	81 02 13 51 68 082.		
Member number	064 9397 BHH		
Address of owner	10, HEATH ROAD, PARK WOOD ESTATE	Postal code	7914.
Telephone	021 7066 552.	E-mail	abdullah.davids@gmail.com
Fax			

HORSE DETAILS

SR10092

Name of horse	Prefix	PARKSTILE	Name	STAMZA'S PRIDE
Registration Number of horse	5364	BIRTH DATE	08-11-2025	BREED HACKNEY HORSE
RF ID Implant / Micro Chip Number	Yes / ☒ No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

N. A. Apteker
Signature

Dr Nadine Apteker
Cape Animal Fertility Clinic
Box 1449, Stellenbosch, 7599
Practice 054 473 4444

22. 05. 26
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

Philna Moelich

From: Melissa Blom <melissab@stemma.co.za>
Sent: 29 June 2026 08:53 AM
To: philna@studbook.co.za
Subject: FW: Paspoort Aansoek ; Morocco Searchlight
Attachments: CCE20260628_0008.pdf

Hallo Philna,

Ek hoop dit gaan goed.

Sal jy asseblief die paspoort ook doen vir Dullah.

 S.A. HACKNEY(SHH)	Animal:
ID Number	5365
Prefix	MOROCCO
Name	SEARCHLIGHT
Computer No. (Sex)	0013481932 (Stallion) SHHM5365
Date of Birth & Age (months)	20/12/2025 (6)
Section / subsection	SP / None
Status	REG (Registered)
Lab. No.	260549H004

Groete
Melissa

From: Abdullah Davids [mailto:abdullah.davids@gmail.com]
Sent: Sunday, 28 June 2026 22:20
To: 'Philna Moelich'
Cc: 'Melissa Blom'
Subject: Paspoort Aansoek ; Morocco Searchlight

APPLICATION FOR HORSE PASSPORT
Registered Horse & Non Registered Horse



SA STAMBOEK
STUD BOOK

OWNER'S DETAILS

Name of owner	A. DAVIDS (MOROCCO STUD)		
ID number	6804 095189 089		
Member number	504519		
Address of owner	82, TENTH AVENUE, SCHAAKRAAL, OTTERY		
	Postal code	7941.	
Telephone	082 957 2502.	E-mail	abdullah.davids@gmail.com
Fax			

HORSE DETAILS

Name of horse	Prefix	MOROCCO	Name	SEARCHLIGHT
Registration Number of horse	5365	BIRTH DATE	20-12-2025	BREED
				HAFLINGER HORSE
RF ID Implant / Micro Chip Number	Yes / No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

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N. Apteker
Signature

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Box 1449, Stellenbosch, 7599
Practice 023 4444

25.05.26
Date

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