

BREEDING DISTRICT NORTH AMERICA  
REQUEST FOR NAME CHANGE

Please fill out the following form and send it to [solterbeck@holsteiner-verband.de](mailto:solterbeck@holsteiner-verband.de)

<b>Horse:</b>	Registered name of horse: _____
	Life number (UELN): _____
	Microchip number: _____
	Requested name change: _____
<b>Owner(s):</b>	Name: _____
	Street / no.: _____
	City: _____
	State, zip code: _____
	Phone: _____
	Email: _____

**Please read carefully:** Please send the Request for Name Change to [solterbeck@holsteiner-verband.de](mailto:solterbeck@holsteiner-verband.de). You will then receive an email with the invoice for the name change. After the invoice is paid, you will receive a sticker with the requested name via mail including instructions on where to put the sticker. **PLEASE DO NOT SEND THE PASSPORT / REGISTRATION PAPERS!**

**Costs:** 100 Euro

**Payment options** (listed in email with invoice): Credit card  
PayPal  
Check  
Wire transfer via TransferWise

By signing this form as the owner(s), I / we certify that all information on this form is, to the best of my / our knowledge, true and factual.

By signing this form as the owner(s), I / we confirm that I am / we are in possession of all rights to this horse.

\_\_\_\_\_  
Date, city

\_\_\_\_\_  
Signature of owner(s)