



THE MALTA KENNEL CLUB
54, RUE D'ARGENS, MSIDA MSD 1369 TEL. 21343524 / 21331936

APPLICATION FOR REGISTRATION OF A KENNEL NAME WITH FCI

NAME OF APPLICANT

Mr./Mrs./Ms.....

Address:.....

.....I.D.....

Email Address.....Tel No.....

NAME OF CO-APPLICANT

Mr./Mrs./Ms.....

Address.....

.....I.D.....

Email Address.....Tel No.....

PROPOSED KENNEL NAMES (IN ORDER OF PREFERENCE)

1ST CHOICE.....

2ND CHOICE.....

3RD CHOICE.....

4TH CHOICE.....

I/We confirm that the information given is correct and I/We acknowledge that in all canine matters I/we consent to be bound by, The Malta Kennel Club Rules and Regulations as well as the FCI General Rules Art. 7 – Kennel Names, as may be amended from time to time. The granting of a registered Kennel Name is at the sole discretion of the Malta Kennel Club /FCI.

SIGNATURE/S.....DATE.....