

OFFICE USE ONLY:

Date Received Claim No

Certificate of Incorporation # A0012794D



Victorian Cichlid Society Incorporated

BAA Spawning Registration

Name

Address

..... PC

Scientific Name:

Common Name (if any):

Source of Identification:

Hatching Date:/...../..... Parents Sighted: yes / no

Witness (please print):

Signed: Date:/...../.....

Fry witnessed after 60 days.

Witness (please print):

Signed: Date:/...../.....

I do hereby declare that the above statements are correct to the best of my knowledge ...

Signed:

THIS FORM SHOULD BE REGISTERED WITHIN 30 DAYS OF COMPLETION.
Please write clearly, and in ink.

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