

Karoo Taxidermy Client Information Sheet

(Please leave this form with your Outfitter or PH)

CLIENT FULL NAMES **OUTFITTER:**

(THIS NAME SHOULD APPEAR ON THE PH REGISTER. AS STATED ON BIRTH CERTIFICATE, NO INITIALS)

PROCESS: (Please mark with an X) **TAXIDERMY** ☐ **Professional**

Hunter/s

PH Register

DIP & PACK ☐ **number/s**

RESIDENTIAL ADDRESS: (THIS ADDRESS SHOULD APPEAR ON THE PH REGISTER) **WORK ADDRESS:**

STREET: **STREET:**

CITY: **CITY:**

ZIP CODE: **ZIP CODE:**

HOME TEL: **WORK TEL:**

HOME FAX: **WORK FAX:**

CELL: **CELL:**

HOME E-MAIL: **WORK E-MAIL:**

CUSTOMS CLEARING **SHIPPING**

AGENT DETAILS **ADDRESS:**

(CUSTOMS BROKER)

LOCAL TAXIDERMIST:

TROPHY CONSOLIDATION: (Please mark with X)

Consolidation 1 ☐ More than 1 client, with more than 1 crate and more than 1 export permit. ALL CRATES TO SHIP AT THE SAME TIME TO THE SAME PORT OF ENTRY.

Consolidation 2 ☐ More than 1 client, shipped in 1 crate, with 1 export permit.

Consolidation 3 ☐ More than 1 client, shipped in 1 crate, with more than 1 export permits.

NAMES OF CLIENTS TO BE CONSOLIDATED

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PREFERRED METHOD OF PAYMENT:

AMOUNT LEFT AT OUTFITTER / PH AS TAXIDERMY DEPOSIT/DIP & PACK PAYMENT:

SPECIAL INSTRUCTIONS:

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TROPHY INSTRUCTIONS:

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.....Continue on reverse side if necessary