



Water Act 2000 – Form W2F162

ABN 59 020 847 551

Application for transfer of water licence or interim water allocation

Purpose of the form

This form is used for one of the following water entitlement transfers.

- To transfer a water licence, that does not attach to land, to another entity.
- To transfer an interim water allocation to a person who will be the owner of the land, in which the interim water allocation attaches.
- To transfer a water licence or interim water allocation to an owner of the land in which the water licence or interim water allocation attaches.

An application to transfer is not required if a water licence attaches to land and the registered owner who is the licensee ceases to be the registered owner of the land. A registered owner is defined under the *Land Title Act 1994*.

Part A Water entitlement information

Water entitlement reference number:

Part B Transferor details

Specify the full name(s) of all current licensees:

If the transferor is a corporation, please supply the ACN:

Attention (optional) (e.g. Principal, Secretary, Managing Director, etc.)

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Privacy statement: Collection of information on this form is authorised by section 120 of the *Water Act 2000* or section 192 of the unamended *Water Act 2000* continued under section 1271 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

| | | | |
|------------------------|--------------------|--------------------------------------|-------------------|
| OFFICE USE ONLY | Application ref. | | Office Stamp Only |
| | Client ref. | | |
| | Authorisation ref. | Registration date / / Initials | |

| Part C Transferor declaration | |
|--|------------------------------------|
| All current licensees to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach. | |
| Being the legal holder(s) of the water entitlement, I/we do hereby apply for the transfer of the water entitlement described herein. I/We declare that the information contained in this application and materials submitted in support is true and correct. | |
| Individual | |
| Name: | Name: |
| Signature: | Signature: |
| Position/Title: (if applicable) | Position/Title: (if applicable) |
| Date: | Date: |
| Corporation Executed for and on behalf of | |
| Organisation name: | |
| ACN: | |
| By (name): | By (name): |
| Position: | Position: |
| Signature: | Signature: |
| Date: | Date: |
| Witnessed by: | Witnessed by: |
| Witness signature: | Witness signature: |
| Date: | Date: |
| Part D Comments | |
| Provide any further comments or information that may be of assistance in assessing this application. If insufficient space, provide additional information as an attachment. | |
| Part E Transferee details | |
| The person or persons who is, or will be, the owner of the land. Specify the full name of all person(s) who are to become the new water entitlement holders: | |
| If the applicant is a corporation, please supply the ACN: | |
| Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.) | |
| Street address: | |
| Mailing address (if same as street address write 'as above'): | |
| Main contact for this application | |
| The contact details provided will be used by the department for the purpose of communications under the <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties. | |
| Full name: | |
| Preferred phone: | Alternative phone: |
| Email: | |

Part E Transferee details (continued)

All transferees must provide their contact details. If more space required for all transferees to provide details, copy or print a blank version of this page.

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

Part F Transferee declaration

All intended holders to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual

| | |
|------------------------------------|------------------------------------|
| Name: | Name: |
| Signature: | Signature: |
| Position/Title: (if applicable) | Position/Title: (if applicable) |
| Date: | Date: |

Corporation Executed for and on behalf of

| | |
|--------------------|--------------------|
| Organisation name: | |
| ACN: | |
| By (name): | By (name): |
| Position: | Position: |
| Signature: | Signature: |
| Date: | Date: |
| Witnessed by: | Witnessed by: |
| Witness signature: | Witness signature: |
| Date: | Date: |