



**FEE \$ 471.00**  
**GST exempt**  
**1/7/20 - 30/6/21**  
 Form No. FN02v17

**FAR NORTH PRESCRIBED WELLS AREA**  
**APPLICATION FOR THE TRANSFER OF A WATER LICENCE**

*Pursuant to Section 125 of the Landscape South Australia Act 2019*

*A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.*

**1. APPLICANT DETAILS**

**1.1 TRANSFEROR (Seller)**  
 Name(s) in full \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Name(s) in full of licence holder(s) as it appears on the licence)  
 If Body Corporate: ACN \_\_\_\_\_ Licence Number: \_\_\_\_\_  
 Contact postal address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**1.2 TRANSFEREE (Buyer)**  
 Name(s) in full \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Name(s) of licence holder(s) as appears on the licence OR name(s) of potential licence holder(s). Please note that the name(s) given above must be legal entities)  
 If Body Corporate: ACN \_\_\_\_\_  
 Contact postal address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>For Office Use Only:</b>	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				

## 2. ABSOLUTE (PERMANENT) / LIMITED (TEMPORARY) TRANSFER REQUEST AND DETAILS

WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR:

2.1 THE **ABSOLUTE / LIMITED** TRANSFER (delete whichever does not apply)

of WATER LICENCE NUMBER \_\_\_\_\_

with its TOTAL WATER ALLOCATION.

2.2 THE LIMITED TRANSFER BEING FOR A PERIOD (*complete only if relevant*):

COMMENCING ON: 01 / 07 / \_\_\_\_\_

EXPIRING ON: 30 / 06 / \_\_\_\_\_

**Note: limited transfers will have effect for a full licence year, eg 1 July to 30 June.**

TOTAL AMOUNT PAID OR PAYABLE FOR THE WATER (EXCLUDING LAND PRICE):

\$

## 3. METER READING

Please provide the transferor(s) (sellers) meter reading(s) with this application. This will assist in determining your application.

Meter Number	Date of Reading	Meter Reading

**You may be required to provide additional information before your application can be determined. If further information is required you will be advised.**

**Please note that this application does not relieve the transferee from obtaining all other necessary approvals for the taking and use of water.**

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 4: SIGNATURE OF THE TRANSFEROR (SELLER)**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

**Note:** If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held		Date
Signature		
Print Name		
Position held		Date

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 5: SIGNATURE OF THE TRANSFEREE (BUYER)**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

**Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.**

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held	Date	
Signature		
Print Name		
Position held	Date	

**Return application and payment to:**  
Department for Environment and Water  
GPO Box 1047  
ADELAIDE SA 5001

**Make cheques or money orders payable to:**  
Department for Environment and Water

**For credit card payments or other payment options, please telephone:**  
(08) 8463 6876

**Office Location:**  
Customer Service Centre  
81-95 Waymouth Street  
ADELAIDE SA 5000