

ANNEXURE A - ADDITIONAL APPLICANT DETAILS AND ACKNOWLEDGEMENT

GENERAL INFORMATION

- 1. This annexure is to be used to provide details for additional applicants.
- 2. Please use 'BLOCK' letters if you are filling this form in by hand.
- 3. This form must be signed personally by the applicant(s).
- 4. Please attach this annexure to your application form and return to your local natural resources office.

ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	rgagee/lessee	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM	DATE OF BIRTH					
LEGAL/BUSINESS NAME (IF APPLICABLE	E)					
ABN			ACN			
STREET ADDRESS			J L			
POSTAL ADDRESS						
TOWN/SUBURB			STATE		POSTCODE	
PHONE AND/OR MOBILE			EMAIL			
I declare the particulars supplied	d on the attached ap	oplication form to b	e true and correct.			
SIGNATURE OF APPLICANT	DATE					
APPLICANT NAME (PRINT)						
APPLICANT 3 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	rgagee/lessee	LESSOR
APPLICANT 3 – TICK RELEVANT BOX FULL NAME (FIRST, MIDDLE & SURNAM		TRANSFEREE	TRANSFEROR	MORT		LESSOR
	ΛΕ IN FULL)	TRANSFEREE	TRANSFEROR			LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM	ΛΕ IN FULL)	TRANSFEREE	ACN			LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE ABN	ΛΕ IN FULL)	TRANSFEREE				LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE	ΛΕ IN FULL)	TRANSFEREE				LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE ABN	ΛΕ IN FULL)	TRANSFEREE				LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE ABN STREET ADDRESS	ΛΕ IN FULL)	TRANSFEREE				LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE ABN STREET ADDRESS POSTAL ADDRESS	ΛΕ IN FULL)	TRANSFEREE	ACN			LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM LEGAL/BUSINESS NAME (IF APPLICABLE ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB	AE IN FULL)		ACN STATE EMAIL			LESSOR
FULL NAME (FIRST, MIDDLE & SURNAME LEGAL/BUSINESS NAME (IF APPLICABLE ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE	AE IN FULL)		ACN STATE EMAIL			LESSOR
FULL NAME (FIRST, MIDDLE & SURNAME LEGAL/BUSINESS NAME (IF APPLICABLE ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE	AE IN FULL)		ACN STATE EMAIL	DATE OF BIRTH		LESSOR

APPLICANT 4 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	TGAGEE/LESSEE	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM		DATE OF BIRTH				
LEGAL/BUSINESS NAME (IF APPLICABLE)						
ABN			ACN			
STREET ADDRESS						
POSTAL ADDRESS						
TOWN/SUBURB			STATE		POSTCODE	
PHONE AND/OR MOBILE			EMAIL			
I declare the particulars supplied	on the attached ap	plication form to be	true and correct.			
SIGNATURE OF APPLICANT					DATE	
APPLICANT NAME (PRINT)						
APPLICANT 5 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MORTG	AGEE/LESSEE	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM	E IN FULL)			DATE OF BIRTH		
FULL NAME (FIRST, MIDDLE & SURNAM) LEGAL/BUSINESS NAME (IF APPLICABLE)				DATE OF BIRTH		
			ACN	DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE)			ACN	DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN			ACN	DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS			ACN	DATE OF BIRTH	POSTCODE	
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS				DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB		oplication form to be	STATE EMAIL	DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE I declare the particulars supplied		oplication form to be	STATE EMAIL		POSTCODE	
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE		oplication form to be	STATE EMAIL			