

Department for Environment and Water

GENERAL INFORMATION

- 1. This form 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) unless it is being uploaded to an online form for submission with credit card payment.

ADDITIONAL APPLICANTS

	LANDOWNER	TRANSFEREE	TRANSFEROR	MORT	GAGEE/LESSEE	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)					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 3 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MORT	GAGEE/LESSEE	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAME		DATE OF BIRTH							
LEGAL/BUSINESS NAME (IF APPLICABLE)									
LEGAL/BUSINESS NAME (IF APPLICABLE)			ACN						
			ACN						
ABN			ACN						
ABN STREET ADDRESS POSTAL ADDRESS					POSTCODE				
ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB			STATE		POSTCODE				
ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE		plication form to be	STATE EMAIL		POSTCODE				
ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB		plication form to be	STATE EMAIL		POSTCODE				
ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE		plication form to be	STATE EMAIL		POSTCODE				

APPLICANT 4 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	мо	RTGAGEE/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	l on the attached app	plication form to be	e true and correct.			
SIGNATURE OF APPLICANT					DATE	
APPLICANT NAME (PRINT)						
APPLICANT 5 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MORT	GAGEE/LESSEE	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM	E IN FULL)			DATE OF BIRT		
FULL NAME (FIRST, MIDDLE & SURNAM						
			ACN			
LEGAL/BUSINESS NAME (IF APPLICABLE)						
LEGAL/BUSINESS NAME (IF APPLICABLE)						
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS						
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS			ACN		н	
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LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE)		ACN STATE EMAIL		н	
LEGAL/BUSINESS NAME (IF APPLICABLE) ABN STREET ADDRESS POSTAL ADDRESS TOWN/SUBURB PHONE AND/OR MOBILE)		ACN STATE EMAIL		н	