



**APPLICATION FOR CONSENT TO
SUBLEASE A LEASE**

Pursuant to Section 36 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE **\$425.00**

DATE RECEIVED / /

GENERAL INFORMATION

1. This form is to be used to apply for consent to sublease a lease. For further information contact your local DEW office.
2. **This form does not apply to pastoral leases managed under the *Pastoral Land Management and Conservation Act (1989)*.** For further information please refer to: <https://www.naturalresources.sa.gov.au/aridlands/pastoral-board/pastoral-unit>
3. It is highly recommended that you seek the assistance of a registered conveyancer or legal practitioner to complete your application.
4. On approval, a lease is an exclusive right to occupy the land.
5. Please use 'BLOCK' letters if you are filling this form in by hand.
6. This form must be signed personally by the applicant(s).
7. For information about how to obtain land details see:
<http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property>
8. Payment - Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. For credit card payments by MasterCard or Visa please contact your local natural resources office.

LAND DETAILS

SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE CL	VOLUME NO.	FOLIO NO.
CROWN LANDS TENEMENT ID (LEASE NUMBER)	LEASE TENURE	

LODGED ON BEHALF OF APPLICANTS

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)	
LEGAL/BUSINESS NAME (IF APPLICABLE)	
PHONE AND/OR MOBILE	EMAIL

APPLICANTS DETAILS

👤 *If there are further applicants, please complete and submit Annexure A with this form.*

CURRENT LANDHOLDER (LESSEE)

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

SUB-LEASE

SUB LEASE TYPE (I.E. WHOLE PROPERTY OR PORTION OF LAND)

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

POSTAL ADDRESS

STREET ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

ACKNOWLEDGEMENT

LESSEE

I/We accept liability for any amount owing to the Department for Environment and Water in respect to the subject land.

I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF LESSEE

DATE

LESSEE NAME (PRINT)

LODGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office:

GPO Box 1047

Adelaide SA 5001

Phone: (08) 8204 1218

DEW.CrownLandsEnquiries@sa.gov.au