



**APPLICATION FOR CONSENT TO
TRANSFER A CROWN LEASE**
Pursuant to Section 36 of the Crown Land Management Act (2009)

For Office Use Only		AMOUNT DUE	\$425.00
APPLICATION NO.		DATE RECEIVED	/ /
RECEIPT NO.			

GENERAL INFORMATION

- This form is to be used to apply for consent to transfer a Crown lease. For further information refer to: www.environment.sa.gov.au/managing-natural-resources/land-management/Crown_land
- 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>
- Please contact your local natural resources office regarding eligibility to transfer or requirement to freehold.
- Most life tenure shack leases cannot be purchased or transferred.
- It is highly recommended that you seek the assistance of a registered conveyancer or legal practitioner to complete your application.
- Please attach a copy of your proposed 'Memorandum to Transfer' to this form () - this will be completed by your conveyancer.
- On approval, a lease is an exclusive right to occupy the land.
- Please use 'BLOCK' letters if you are filling this form in by hand.
- This form must be signed personally by the applicant(s).
- 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>
- 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 LEASE NUMBER		
PROPOSED TENANCY TYPE		
Sole tenant	Tenants in common	With no survivorship (Trust)
		Joint tenants

LODGED ON BEHALF OF APPLICANT

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

CONVEYANCER OR SOLICITOR

Please provide the details of the conveyancer or solicitor managing 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.

TRANSFEROR (CURRENT LEASE HOLDER)

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	

TRANSFeree (PROPOSED LEASE HOLDER)

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

TRANSFEROR (CURRENT LEASE HOLDER)

I/We hereby request that approval be given for consent to transfer in respect to the subject land.

SIGNATURE OF TRANSFEROR	DATE
TRANSFEROR NAME (PRINT)	

TRANSFeree (PROPOSED LEASE HOLDER)

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 TRANSFeree	DATE
TRANSFeree 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