



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

Pursuant to Section 150 of the Natural Resources Management Act 2004

A person who furnishes information to the Minister or another authority under the Natural Resources Management Act 2004 (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: _____

For Office Use Only:	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.

SIGNED:

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	
Signature	
Print Name	
Position held	

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.

SIGNED:

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	
Signature	
Print Name	
Position held	

RETURN APPLICATION AND PAYMENT TO:

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

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

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

Telephone enquiries: (08) 8463 6876