



T.2 RIVER MURRAY PRESCRIBED WATERCOURSE Application to tag a South Australian water allocation for extraction in another State

Pursuant to Section 164M of the *Natural Resources Management Act 2004* and Schedule D of the *Murray-Darling Basin Agreement 2006*

Note: Failure to provide complete details and/or prescribed fee will result in your application being returned for completion

Note: The State of Origin and the State of Destination must approve the tagged transfer before it can take effect.

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 Detail

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN _____

Contact Address _____

Suburb _____ State _____ P/Code _____

Telephone _____ Mobile _____

E-mail _____

2 South Australian Water Detail

South Australian Water Licence Number _____

South Australian Water Account Number _____

3 Interstate Authority Detail

Water Authority _____

Trading Zone _____

3.1 Do you have an existing Interstate Water Account against which the water allocation will be credited?
 Yes – Water Account Number _____ No

3.2 Volume of water to be tagged (Kilolitres) _____

| For Office Use Only: | Application No | Receipt No | Invoice No | Batch No |
|-----------------------|----------------|------------|------------|----------|
| Date Received: _____ | | | | |
| Amount Paid: \$ _____ | | | | |
| Area: _____ | | | | |



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 APPLICANT

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

Table with 3 columns: Print Name, Sign Here, Date. Multiple rows for individual signatories.

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Table with 2 columns: Print Name of authorised person, Position held. Multiple rows for authorized persons.

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:

Table for witness signatures and seal affixation. Includes columns for Signature, Print Name, Position held, and Affix Seal Here.

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, PO Box 240, BERRI SA 5343

Office Location: 2 Wades Street, BERRI SA 5343

Telephone enquiries: (08) 8595 2053