



SOUTH EAST REGION

NOTICE OF LAND TRANSFER OR ASSIGNMENT OF INTEREST UNDER A FOREST PROPERTY MANAGEMENT AGREEMENT WHERE THE PROPERTY IS SUBJECT TO A FOREST WATER LICENCE WHERE THE LICENSEE IS NOT THE LAND OWNER

Pursuant to Section 169C (8) or (9) of the Natural Resources Management Act 2004.

The transferee or assignee is required to notify the Minister within 21 days, when a land transfer or interest assignment has occurred.

A person who furnishes information to the Minister or other 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.

- Note: 169C (8) requires that when the ownership of land covered by a Forestry Water Licence is transferred, the transferee is required to furnish the Minister with notice of the transfer.
Note: 169C (9) requires that when interest conferred by a forestry vegetation agreement, under the Forest Property Act 2000, is assigned to another person, the assignee is required to furnish the Minister with notice of assignment.
Note: This form constitutes notice under 169 C (8) and (9), where the Licensee is not the Land Owner. Where the Licensee is the Landowner an Allocation transfer form is required.
Note: Failure to provide full details may result in the return of the application and a delay in processing.

1. NOTIFICATION DETAILS

CURRENT LAND OWNER (S)

Licence Number: \_\_\_\_\_

Licence Holder Name(s): \_\_\_\_\_

Note: name(s) provided must be LEGAL ENTITIES and must be IN FULL as it appears on the licence.

If Body Corporate: ACN: \_\_\_\_\_

Current Land Owner Name (s) (in full): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

NEW LAND OWNER (S)

New Land Owner Name (s) (in full): \_\_\_\_\_

If Body Corporate: ACN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Table with 5 columns: For Office Use Only, Application No, Receipt No, Invoice No, Batch No. Includes fields for Date Received, Amount Paid, and Area.

## 2. PROPERTY DETAILS

Details of the land on which the forestry allocation is situated: Certificate of Title References (write details in the table below or supply a detailed list).

CT or CL or CR Volume and Folio	Section or Allotment Number	Plan Number	Hundred	Management Area

## 3. FOREST MANAGER DETAILS

Forest Manager Name (in full): _____ _____
If Body Corporate: ACN: _____
Postal Address: _____ _____
Contact Name: _____ Telephone No:-- _____
Mobile: _____ Fax: _____ Email: _____

## 4. ANY OTHER COMMENTS:

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## 5. SIGNATURE OF THE LICENSEE (the Notifier)

**Note:** The Notifier 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 the authorised person(s) duly authorised to sign for and behalf of the organisation:		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
3. Where the applicant is a company or an incorporated association and the Seal is affixed:		
The Seal of _____		Affix Seal in Box
[Write name of Company or incorporated association]		
was hereby affixed in the presence of:		
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	
<b>RETURN THIS APPLICATION AND PAYMENT TO:</b> Department for Environment and Water		
11 Helen Street Mount Gambier SA 5290   PO Box 1046 Mount Gambier SA 5290   Phone Enquiries: 08 8735 1134		