

FEE \$ 302.00 GST exempt 1/7/23 - 30/6/24 Form No.FNA1v3

A.1

FAR NORTH PRESCRIBED WELLS AREA Application to transfer Water Allocation

Pursuant to Section 132 of the Landscape South Australia Act 2019

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

Note: If this application is approved, the allocation holder will need a Water Resource Works Approval to take the water except for co-produced water.

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

1 Applicant Detail

Note: The name(s) given below must be legal entities, as these will be the name(s) that will appear on the water accounts if this application is approved. If applying as a trustee please state the name of the trust.

1.1 Transferor (selle	er) Details			
Water Account Num	ber			
Full Name(s) of appli	cant(s)			
run rume(s) or appn	carretay			
Contact Person			If Body Corporate, ACN	
Contact Address				
State			P/Code	
Telephone		Mobile		
E-mail				
	dress details are to be updat	ed		
1.2 Transferee (Buy	var) Dotails			
Water Account Num	per			
Full Name(s) of appli	cant(s)			
Contact Person			If Body Corporate, ACN	
Contact Address				
State			P/Code	
Telephone		Mobile		
E-mail				
☐ Please tick if a	ddress details are to be upda	ted		
Office Use Only:				
Application No	Receipt No	Invoice No	Batch No	
Date Received	Amount Paid \$		Area	

A.1 Application to transfer Water Allocation

2 Allocation Transfer Detail

Position held

3

2.1 Volume to be transferred (see	Nater Account Summary for a	vailable volumes)
		kilolitres
Note: Allocations may only be t	ransferred within the same co	onsumptive pool and for the current year.
2.2 Purpose of water		
2.2 Total value (price) of tra	nnsfer \$	
If the Total Value (price) is \$0, you	are required to provide a re	ason:
Signatures of the Transferor(Note: Each account holder must con		ng alternatives.
I/We declare that the information th	nat has been provided on this	application is true and correct
Note: If signing as a company, two Director must be stated as position		g. Director, Company Secretary. If only one Director then Sole
3.1Where the applicant is one or mo	ore persons:	
	·	
Sign Here		
Print Name	Date	
Sign Here		
Print Name	Date	
3.2Where the applicant is a compan association	y or an incorporated	Name of company or incorporated association
Cian Have		Name of company of incorporated association
Sign Here		
Name of authorised person		
Position held	Date	Affix seal in box
Sign Here		
Name of authorised person		

Date

Application to transfer Water Allocation

4 Signatures of the Transferee(s) (Buyer(s))

4.1 Where the applicant is one or more persons:

Note: Each account holder 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

<u>Note</u>: If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.

	Sign Here				
	Print Name	Date			
	Sign Here				
	Print Name	Date			
4.2	Where the applicant is a company or an in association	corporated			
	Sign Here		Name of	company or incorpora	ated association
	Name of authorised person				
	Position held	Date			
	Sign Here		Affix seal	in box	
	Name of authorised person				
	Position held	Date			
	turn application and payment to:			Office Location:	
Department for Environment and Water			Customer Service Centre		
GPO Box 1047 ADELAIDE SA 5001			81-95 Waymouth Street ADELAIDE SA 5000		
dewwaterlicensing@sa.gov.au			ADELAIDE JA 3000		
	ke cheques or money orders payable to:				
De	partment for Environment and Water				
For	credit card payments or other payment o	ntions inlease telephone:			
) 8463 6876	ptions, piease telephone.			
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