

FEE \$ 514.00 GST exempt 1/7/23 - 30/6/24 Form No. MLV02v24

MCLAREN VALE PRESCRIBED WELLS AREA APPLICATION FOR THE TRANSFER OF A WATER LICENCE

Pursuant to Section 125 of the Landscape South Australia Act 2019

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 DETAILS

| TRANSFEROR (Seller) Name(s) in full | | | | |
|---|------------------------------|-------------------|------------------------|-------------------|
| | | | | |
| | | | | |
| (Name | e(s) in full of licence hold | er(s) as it appea | s on the licence) | |
| If Body Corporate: ACN | | Licence numb | er: | |
| Contact postal address | | | | |
| Contact Name: | | | | |
| Telephone No: | Email: | | | |
| Mobile: | | | | |
| | | | | |
| (Name(s) of licence holder(s) that the name(s) given above | | e OR name(s) of | potential licence hold | er(s). Please not |
| | | | | |
| If Body Corporate: ACN | | | | |
| | | | | |
| Contact postal address | | | | |
| Contact postal address | | | | |
| If Body Corporate: ACN Contact postal address Contact Name: Telephone No: Mobile: | Email: | | | |

| 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 H | IEREBY REQUEST THAT APP | PROVAL BE GIVEN | FOR: | | |
|-------|--|-----------------------|--------------------------|-----------------|---------------|
| 2.1 | THE ABSOLUTE / LIMITED of WATER LICENCE NUMB with its TOTAL WATER AL | BER | te whichever does not | apply) | |
| 2.2 | THE LIMITED TRANSFER B | BEING FOR A PERIO | OD (complete only if re | levant): | |
| | COMMENCING ON: | 01 / 07 / | | (wr | ite year) |
| | EXPIRING ON: | 30 / 06 / | | (wr | ite year) |
| Note | : limited transfers will have | e effect for a full l | icence year, eg 1 July t | o 30 June. | |
| | TOTAL AMOUNT PAID C (EXCLUDING LAND PRIC | | THE WATER | \$ | |
| 3. | METER READING | | | | |
| readi | 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 |
| 1 | ODTIONAL DELAVE | D DECISTRATIO | NI OE ADDDOVED I | TDANICEED | |

4. OPTIONAL DELAYED REGISTRATION OF APPROVED TRANSFER

For absolute (permanent) transfers, the transferor may request a *delayed registration* transfer. This allows parties a period of two months from the approval date to arrange financial settlement prior to finalising the transfer. Within that two month window, a separate application must be submitted requesting that registration of the transfer on The Water Register take place. Should the application to register the transfer not be received within a period of two months, DEW will not register the transfer and the application will lapse.

If approved, please delay registration of this transfer on The Water Register

NOTE: By ticking this box you acknowledge that the transfer will NOT be registered on The Water Register following approval of the transfer. To register this transfer, an application to register an approved transfer of a Water Licence or Water Access Entitlement on The Water Register must be submitted by the transferor (seller) within two months of the approval date.

NOTE: If this box is not ticked, registration of this transfer on The Water Register (if approved) will occur immediately subsequent to approval.

NOTE: This option is applicable to absolute (permanent) transfers only.

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 5: 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.

Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must

| be stated as position held. | | | | |
|---|-----------------------|--------------------------------------|----------------------------------|--|
| Where the applicant is an individual or t | wo or more perso | ons | | |
| | | | | |
| Print Name | Sign Here | | Date | |
| | | | | |
| Print Name | Sign Here | | Date | |
| | | | | |
| 21.11 | | | | |
| Print Name | Sign Here | | Date | |
| | | | | |
| Print Name | Sign Here | | Date | |
| | | | | |
| 2. Where the applicant is a company or an | incorporated asso | ociation and authorised persons sign | n on hehalf of the organisation | |
| 2. Where the applicant is a company of an | meor por a teu asse | sciation and admonsed persons sign | in on behalf of the organisation | |
| Print Name of authorised person | | Position held | | |
| rine rame or damonsed person | | - Costaon neid | | |
| | | | | |
| Signature | | Date | | |
| | | | | |
| Print Name of authorised person | | Position held | | |
| • | | | | |
| Signature | | Date | | |
| Signature | | Date | | |
| | | | | |
| The person(s) duly authorised to sign for and on b | | | | |
| (print name of company or incorporated associatio | n) | | | |
| | | | | |
| 3. Where the applicant is a company or an | incorporated asse | ociation and the seal is affixed: | | |
| 5. Where the applicant is a company of an | ilicoi por a teu asso | ociation and the sear is anniced. | | |
| The Seal of: (print name of company or incorporate | ad association) | | | |
| The Seal of: (print name of company of incorporate | eu association) | | | |
| was hereby affixed in the presence of: | | | | |
| | | | | |
| Signature | | | Affix Seal Here: | |
| | | | | |
| Print Name | | | | |
| | | | | |
| Position held | Date | | | |
| . contion meta | | | | |
| | | | | |
| Signature | | | | |
| | | | | |
| Print Name | | | | |
| | | | | |
| Davisian hald | D-1- | | | |
| Position held | Date | | | |
| | | | | |

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 6: 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.

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

| be stated as position neid. | | | | | |
|---|--|--------------|--|----------------------|--|
| 1. Where the applicant is an individual or t | 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 organisation | incorporated associ | ation and au | thorised persons s | ign on behalf of the | |
| Print Name of authorised person | rint Name of authorised person Position held | | | | |
| Signature | Date | | | | |
| Print Name of authorised person | Name of authorised person Position held | | | | |
| Signature | ture Date | | | | |
| The person(s) duly authorised to sign for and on be (print name of company or incorporated association) | | | | | |
| 3. Where the applicant is a company or an | incorporated associ | ation and th | e seal is affixed: | | |
| The Seal of: (print name of company or incorporate | ed association) | | | | |
| was hereby affixed in the presence of: | | | | | |
| Signature | | | | Affix Seal Here: | |
| Print Name | | | | | |
| Position held | Date | | | | |
| Signature | | | | | |
| Print Name | | | | | |
| Position held | Date | | | | |
| ' | | | | | |
| Return application and payment to: Department for Environment and Water GPO Box 1047 ADELAIDE SA 5001 | | | Office Location: Customer Service 81-95 Waymouth ADELAIDE SA 5000 | Street | |
| Make cheques or money orders payable to: Department for Environment and Water | | | Email address: DEWwaterlicensing@sa.gov.au | | |
| For credit card payments or other payment option (08) 8463 6876 | ns, please telephone | : | | | |