

**T.2****RIVER MURRAY PRESCRIBED WATERCOURSE****Application to tag a South Australian water allocation for
extraction in another State**Pursuant to Section 154 of the *Landscape South Australia Act 2019* 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 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**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 DetailSouth Australian Water Licence Number

South Australian Water Account Number

3 Interstate Authority DetailWater 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.

Note: 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.**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			Date
Signature			
Print Name			
Position held	Date		

Return application and payment to:
Department for Environment and Water
PO Box 240
BERRI SA 5343**Make cheques or money orders payable to:**
Department for Environment and Water
For credit card payments or other payment options, please telephone:
(08) 8595 2053**Office Location:**
28 Vaughan Terrace
BERRI SA 5343