



<h1 style="font-size: 2em; margin: 0;">A.1</h1>	<h2 style="margin: 0;">SOUTHERN BASINS AND MUSGRAVE PRESCRIBED WELLS AREAS</h2> <h3 style="margin: 0;">Application to transfer Water Allocation</h3>
Pursuant to Section 132 of the <i>Landscape South Australia Act 2019</i>	

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 also need a *Water Resource Works Approval* to take the 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 (seller) Details

Water Account Number _____

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN

Contact Address _____

State _____ P/Code _____

Telephone _____ Mobile _____

E-mail _____

Please tick if address details are to be updated

1.2 Transferee (Buyer) Details

Water Account Number _____

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN

Contact Address _____

State _____ P/Code _____

Telephone _____ Mobile _____

E-mail _____

Please tick if address details are to be updated

For Office Use Only:

Application No _____ Receipt No _____ Invoice No _____ Batch No _____

Date Received _____ Amount Paid \$ _____ Area _____



2 Allocation Transfer Detail

2.1 Volume to be transferred (see Water Account Summary for available volumes)

_____ kilolitres

Note: Allocations may only be transferred within the same consumptive pool

2.2 Total value (price) of transfer \$ _____

If the total value (price) is \$0, you are required to provide a reason: _____

2.3 Nature of Transfer (check one option)

- | | |
|---|---|
| <input type="checkbox"/> Market Sale | <input type="checkbox"/> Market Sale – Deceased Estate |
| <input type="checkbox"/> Market Sale – Company winding up | <input type="checkbox"/> Market Sale – Discharge bankruptcy |
| <input type="checkbox"/> Transfer – family or business partners | <input type="checkbox"/> Transfer environmental water |
| <input type="checkbox"/> Private lease arrangement (allocation) | <input type="checkbox"/> linked water access entitlement sale |

2.4 Date price agreed (Strike date) ____/____/____

3 Meter Reading: Transferor(s) (Sellers) Licence

Please provide the transferor(s) (sellers) meter reading(s) with this application. This will assist in determining your application.

Meter Number	Meter Reading	Meter Reading Date



4 Signatures of the Transferor(s) (Sellers)

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

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.

4.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

4.2 Where the applicant is a company or an incorporated association

Name of company or incorporated association

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Affix seal in box



Sign Here _____

Name of authorised person _____

Position held _____ Date _____



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

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

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.

5.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

5.2 Where the applicant is a company or an incorporated association

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Name of company or incorporated association

Affix seal in box



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