

FEE \$ 138.00 **GST** exempt 1/7/23 - 30/6/24 Form No. GEN19v3

**G.19** 

# Application for recording of administrator of body corporate

Pursuant to Schedule 4 of the Landscape South Australia Act 2019 and Regulation 41 of the Landscape South Australia (Water Register) Regulations 2020

Note: Failure to provide complete details will result in your application being returned for completion

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that

Applicant(s) details					
<b>NOTE:</b> The administrator of a body corporate may apply to the Minister for administrator.	r the recording of the vesting of a prescribed entitlem	eent, or an interest in a prescribed entitlement, in the			
I am applying for (please tick):					
Prescribed entitlement					
Interest in a prescribed entitlement					
interest in a prescribed enduement					
Full Name(s)					
Contact Person	If Body Corporate, ACN				
Contact Address	State	P/Code			
Telephone	Mobile				
E-mail					
Prescribed entitlement detail					
	a water access entitlement or a delivery canacity entit	tlement			
<b>NOTE:</b> Prescribed entitlement means a water licence, a water allocation, a water access entitlement or a delivery capacity entitlement.  Prescribed entitlement number:					
Prescribed entitlement number:					
Prescribed entitlement number:					
Prescribed entitlement number:  Prescribed entitlement holder:					
_					
_					
Prescribed entitlement holder:					
_	If Body Corporate, ACN				
Prescribed entitlement holder:	If Body Corporate, ACN State	P/Code			
Prescribed entitlement holder:  Contact Person  Contact Address	State				
Prescribed entitlement holder:  Contact Person					
Prescribed entitlement holder:  Contact Person  Contact Address	State				
Prescribed entitlement holder:  Contact Person  Contact Address  Telephone  E-mail  Additional Information	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:  3.1 Attachment 1 (please specify):	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:  3.1 Attachment 1 (please specify):  3.2 Attachment 2 (please specify):	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:  3.1 Attachment 1 (please specify):  3.2 Attachment 2 (please specify):  3.3 Attachment 3 (please specify):	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:  3.1 Attachment 1 (please specify):  3.2 Attachment 2 (please specify):	State				
Contact Person  Contact Address  Telephone  E-mail  Additional Information Please provide additional information to support your application:  3.1 Attachment 1 (please specify):  3.2 Attachment 2 (please specify):  3.3 Attachment 3 (please specify):	State				



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## 4. Signature(s) of the applicant(s)

Signature(s) of the applicant(s)

I/We declare that the information provided on this application is true and correct.

Note: Each applicant must either sign as a person or sign as a company.

If signing as a company, two position bearers must sign e.g. Director and Secretary unless the Company has only one Director. In this instance only a single signature is required (and Sole Director must be stated as position held).

1.1	Where the applicant is one or more	persons:			
	Sign Here				
	Print Name	Date			
	Sign Here				
	Print Name	Date	<u> </u>		
.2	Where the applicant is a company or an incorporated association		Name of company or incorporated association		
	Sign Here		<del></del>		
	Name of authorised person				
	Position held	Date	Affix seal in box		
	Sign Here				
	Name of authorised person				
	Position held	Date			

Please make cheques and/or money orders payable to: Department for Environment and Water For credit card payments or other payment options, please telephone the relevant regional office below.

RETURN APPLICATION VIA POST OR EMAIL TO:-

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Department for Environment and Water 28 Vaughan Terrace, Berri PO Box 240 BERRI SA 5343

Telephone Enquiries: (08) 8595 2053 Email: <a href="mailto:DEWWaterTrade@sa.gov.au">DEWWaterTrade@sa.gov.au</a>

### **Mount Gambier:**

Department for Environment and Water 11 Helen Street, Mt Gambier PO Box 1046 MT GAMBIER SA 5290

Telephone Enquiries: (08) 8735 1134 Email: <a href="mailto:DEW.LCWaterLicensing@sa.gov.au">DEW.LCWaterLicensing@sa.gov.au</a>

### Other Regions:

Department for Environment and Water 81-95 Waymouth Street, Adelaide GPO Box 1047 ADELAIDE SA 5001

Telephone Enquiries: (08) 8463 6876 Email: <a href="mailto:DEWWaterlicensing@sa.gov.au">DEWWaterlicensing@sa.gov.au</a>