



<h1>L.4</h1>	<h2>RIVER MURRAY PRESCRIBED WATERCOURSE</h2> <h3>Application for transfer of a Water Access Entitlement on Transformation of an Irrigation Right</h3>
Pursuant to sections 125 & 176 of the <i>Landscape South Australia Act 2019</i> , section 32 of the <i>Irrigation Act 2009</i> and section 33 of the <i>Renmark Irrigation Trust Act 2009</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, you will also need a *Water Resource Works Approval* to take water, and a *Site use Approval* to use the water.
Note: From 1 July 2024, Commonwealth legislation (applying to transfers within the Murray-Darling Basin only) requires that transfer application forms be completed comprehensively and accurately. For further information see www.dcceew.gov.au/sites/default/files/documents/new-requirements-data-accuracy-trade-forms-mdb-under-water-amendment-act.pdf
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 a licence if this application is approved. If applying as a trustee please state the name of the trust.

1.1. Transferor (Irrigation Trust) Details

Licence Number _____

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN _____

Contact Address _____

Suburb _____ State _____ P/Code _____

Telephone _____ Mobile _____

E-mail _____

1.2. Transferee (Irrigation Right Holder) Details

Licence Number *(if existing)* _____

Note: If this application to transfer a water access entitlement is approved and the transferee does not have a current licence, a new licence will be issued.

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN _____

Contact Address _____

Suburb _____ State _____ P/Code _____

Telephone _____ Mobile _____

E-mail _____



For Office Use Only:

Date Received _____

Amount Paid \$ _____

Area _____

Application No	Receipt No	Invoice No	Batch no

2. Water Access Entitlement Transfer Detail

2.1 Consumptive Pool	Share Class	Number of Shares
Consumptive Pool	Share Class	Number of Shares
Consumptive Pool	Share Class	Number of Shares

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 3: SIGNATURE OF THE TRANSFEROR(S) (TRUST)

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

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	



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 TRANSFEREE(S) (IRRIGATION RIGHT HOLDER)

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

Table with 3 columns: Print Name, Sign Here, Date. Multiple rows for individual signatories.

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Table with 2 columns: Print Name of authorised person, Position held. Multiple rows for company representatives.

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:

Table for witness signatures and seal affixation, including columns for Signature, Print Name, Position held, Date, and Affix Seal Here.

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) 8372 7561 (Option 3)

Office Location: 28 Vaughan Terrace, BERRI SA 5343