**Government of South Australia** 

Department for Environment

and Water



## **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.

| Please tick:      |  |                              |  |  |
|-------------------|--|------------------------------|--|--|
| Angas Brei        | mer PWA                                | Peake, Roby and Sherlock PWA |  |  |
| Mallee PW         | ΙΑ                                     |                              |  |  |
| SECTION 1.        | APPLICANT DETAILS                      |                              |  |  |
| 1.1 TRANSFERC     | DR                                     |                              |  |  |
| Licensee/s Full N | Name/s (as they appear on the licence) |                              |  |  |
|                   |  |                              |  |  |
| If Body Corporat  | te, ACN                                |                              |  |  |
| Contact Address   |  |                              |  |  |
|                   |  |                              |  |  |
|                   | Postcode                               |                              |  |  |
|                   |  |                              |  |  |
| Contact Person    |  |                              |  |  |
| Telephone:        | Home                                   | Work                         |  |  |
|                   |  |                              |  |  |
|                   |  | Facsimile                    |  |  |
| E-mail:           |  |                              |  |  |
|                   |  |                              |  |  |
| 1.2 TRANSFERE     |  |                              |  |  |
| Full Name/s       |  |                              |  |  |
|                   |  |                              |  |  |
| If Body Corporat  | te, ACN                                |                              |  |  |
| Contact Address   | 3                                      |                              |  |  |
|                   |  |                              |  |  |
|                   | Postcode                               |                              |  |  |
|                   | 1050000                                |                              |  |  |
|                   |  |                              |  |  |
| Telephone:        | Home                                   | Work                         |  |  |
|                   |  |                              |  |  |
| - ··              |  | Facsimile                    |  |  |
| E-mail:           |  |                              |  |  |
|                   |  |                              |  |  |

| For Office Use Only: | Application No | Receipt No | Invoice No | Batch No |
|----------------------|----------------|------------|------------|----------|
| Date Received:       |                |            |            |          |
| Amount Paid: \$      |                |            |            |          |
| Area:                |                |            |            |          |

| SECTION 2. ABSOLUTE (PERMANENT)/LIMITE | D (TEMPORARY) TRANSFER REQUEST AND DETAILS |
|--|--|
|--|--|

#### WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR:

| 2.1 | THE ABSOLUTE | LIMITED TRANSFER | (delete whichever does not apply) |
|-----|--------------|------------------|-----------------------------------|
|     |              |                  |                                   |

of LICENCE NUMBER\_\_\_\_\_\_\_ with its TOTAL WATER ALLOCATION.

**2.2** THE LIMITED TRANSFER BEING FOR A PERIOD (complete only if relevant):

| COMMENCING ON: | 01/07/    | (write year) |
|----------------|-----------|--------------|
|                | 30 / 06 / | (write year) |
| EXPIRING ON:   | 30 / 06 / | (write ye    |

Note: limited transfers will have effect for a full licence year, eg 1 July to 30 June.

**2.3** TOTAL AMOUNT PAID OR PAYABLE FOR THE WATER (EXCLUDING LAND PRICE):

If the Total Value (price) is \$0, you are required to provide a reason:

Section 12.48 of the Murray-Darling Basin Plan 2012, requires the person disposing of the water to advise in writing the price agreed for the trade.

\$

### SECTION 3. METER READING

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

| Date of Reading | Meter Number | Meter Reading |
|-----------------|--------------|---------------|
|                 |              |               |
|                 |              |               |
|                 |              |               |

## SECTION 4. SPECIAL METER READING

Should you wish to determine the total volume of water taken at the date of transfer of the water licence you can apply for a special meter reading by completing an Application for a Special Meter Reading form. Estimated cost quoted by the Minister minimum fee is \$56.10 GST inclusive.

A special meter reading can assist the transferor and transferee in determining who should pay for any relevant charges applicable to the water licence.

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 <u>ONE</u> (only) of the following alternatives<br>I/We declare that the information that has been provided on this application is true and correct.<br><u>Note</u> : If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director<br>must be stated as position held. |                   |                                    |                               |  |
| 1. Where the applicant is an individual or tw  | vo or more person | S                                  |                               |  |
| 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 ir   | ncorporated assoc | iation 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:<br>(print name of company or incorporated association)   |                   |                                    |                               |  |
| 3. Where the applicant is a company or an ir   | ncorporated assoc | iation and the seal is affixed:    |                               |  |
| The Seal of: (print name of company or incorporated  | d 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 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, 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 in  | ncorporated assoc | ciation and auth  | norised 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 be<br>(print name of company or incorporated association |                   |                   |                      |                               |
| 3. Where the applicant is a company or an in  | ncorporated assoc | ciation and the s | seal is affixed:     |                               |
| The Seal of: (print name of company or incorporated   | d 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:  |                   |                   | Office Location:     |                               |
| Department for Environment and Water  |                   |                   | 28 Vaughan Terrace   |                               |
| PO Box 240  |                   |                   | BERRI SA 5343        |                               |
| 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                       |                   |                   |                      |                               |