

Application for transfer of quarry material allocation

(Water Act 2000)

Purpose of this Form

To apply to transfer all or part of a quarry allocation to another person.

PART A Quarry Allocation Details

Transfer From

Allocation Notice Number

Expiry date

 / /

Transfer To

Do you wish to transfer the TOTAL allocation to someone else?

Yes I wish to transfer the whole allocation

No I only wish to transfer part of the allocation

cubic metres

PART B Transferor Details

To be completed by Allocation Notice Holder

Name *Specify the full name of all persons applying for this allocation*

Attention (Optional) *(eg, Principal, Secretary, Managing Director, etc)*

Mailing Address *All correspondence will be delivered to this address*

State

Postcode

Country

if not Australia

Contact Person's Details

(If different from above)

Title

Mr

Mrs

Ms

Miss

Other

please specify

Given Name

Last Name

Preferred Phone

Alternate Phone

Facsimile

Email Address

OFFICE USE ONLY	Fee Received \$	Application
	Receipt No.	Client
	Registration Date / /	Initials
		Authorisation

OFFICE STAMP ONLY

PART C Transferor Declaration*Current holder to complete and sign the declaration below*

I/We do hereby apply for the transfer of the Quarry Material Allocation to the Parties in Part D below, and declare that the information contained in this application is true and correct.

Individual*Attach separate sheet (or photocopy) if more than 2 signatures required*

Name	<input type="text"/>	Position/Title <i>(if applicable)</i>	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Position/Title <i>(if applicable)</i>	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Corporation*Executed for and on behalf of (Corporation)*

<input type="text"/>		ACN	<input type="text"/>
By (Name)	<input type="text"/>	By (Name)	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Witnessed By	<input type="text"/>	Witnessed By	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

PART D Transferee Details*Prospective holder to complete***Name** *Specify the full name of all persons to whom this allocation is to be transferred*

Attention (Optional) *(eg, Principal, Secretary, Managing Director, etc)*

Mailing Address *All correspondence will be delivered to this address*

State Postcode Country
*if not Australia***Contact Person's Details***(If different from above)*Title Mr Mrs Ms Miss Other *please specify*

Given Name	<input type="text"/>		
Last Name	<input type="text"/>		
Preferred Phone	<input type="text"/>	Alternate Phone	<input type="text"/>
		Facsimile	<input type="text"/>
Email Address	<input type="text"/>		

PART E Transferee Declaration

I/We do hereby agree to hold the Quarry Material Allocation as described in Part A above. I/We declare that the information contained in this application is true and correct.

INDIVIDUAL *Attach separate sheet (or photocopy) if more than 2 signatures required*

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Position/Title <i>(if applicable)</i>	<input type="text"/>	Position/Title <i>(if applicable)</i>	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

CORPORATION *Executed for and on behalf of (Corporation)*

<input type="text"/>	ACN	<input type="text"/>
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By (Name)	<input type="text"/>	By (Name)	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Witnessed By	<input type="text"/>	Witnessed By	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>