

Application for transfer of water licence or interim water allocation that does not attach to land

(Water Act 2000)

Purpose of this Form

To apply to transfer a water licence or interim water allocation, that does not attach to land, to another entity.

PART A Water Entitlement Information

Supply water entitlement number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART B Transferor Declaration

All parties to complete and sign the declaration below

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"/>

PART C Comments

Provide any further comments or information that may be of assistance in assessing this application

<input type="text"/>
<input type="text"/>
<input type="text"/>

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

OFFICE STAMP ONLY

PART D Transferee Details*The person or persons who will hold the water licence or interim water allocation***Name** *Specify the full name of all person(s) who are to become the new water entitlement holders*

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

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

State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
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*if not Australia***Contact Person's Details***(if different from above)*

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other <i>please specify</i>	<input type="text"/>
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Given Name	<input type="text"/>
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Last Name	<input type="text"/>
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Preferred Phone	<input type="text"/>	Alternate Phone	<input type="text"/>	Facsimile	<input type="text"/>
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Email Address	<input type="text"/>
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PART E Transferee Declaration*All parties to complete and sign the declaration below*

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"/>

PAYMENT OPTIONS

Application Fee

The prescribed application fee is payable at the time of application.

Please refer to the provided 'fee link' located on the departmental website to obtain the current fee for this form.
<www.nrw.qld.gov.au/water/management/application_forms.html>

Payment by Cheque, Cash or EFTPOS

- Cheque - To be made payable to the **'Department of Environment and Resource Management'** and marked **'Not Negotiable'**.
- Cash - Cash is only a payment option when paying in person.
- EFTPOS - Payment facilities may vary between offices, please contact your local DERM office in advance.

Payment by Credit Card Please print clearly

Please charge this payment to my *(tick appropriate box)* Visa Mastercard American Express

Amount of Payment \$.

Card Number

Expiry Date

Phone No.

Cardholder's Name

Cardholder's Signature

Date