



# A.1 RIVER MURRAY PRESCRIBED WATERCOURSE

## Application to transfer Water Allocation

Pursuant to Section 157 of the *Natural Resources Management Act 2004*

**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, the allocation holder will also need a Water Resource Works Approval to take the water, and a Site Use Approval to use the water.  
*A person who furnishes information to the Minister or another authority under the Natural Resources Management Act 2004 (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 the water accounts if this application is approved. If applying as a trustee please state the name of the trust.

#### 1.1 Transferor (seller) Details

Water Account Number \_\_\_\_\_ State Authority (N/A in SA) \_\_\_\_\_

River Valley (N/A in SA) \_\_\_\_\_

Full Name(s) of applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ If Body Corporate, ACN \_\_\_\_\_

Contact Address \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Please tick if address details are to be updated

#### 1.2 Transferee (Buyer) Details

Water Account Number \_\_\_\_\_ State Authority (N/A in SA) \_\_\_\_\_

River Valley (N/A in SA) \_\_\_\_\_

Full Name(s) of applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ If Body Corporate, ACN \_\_\_\_\_

Contact Address \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Please tick if address details are to be updated

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



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## 2 Allocation Transfer Detail

2.1 Volume to be transferred from each allocation type (see Water Account Summary for available volumes)

Local Allocation \_\_\_\_\_ KL  Carry-over \_\_\_\_\_ KL

2.2 Total value (price) of transfer \$ \_\_\_\_\_

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.

## 3 Meter Reading: Transferor(s) (Sellers) Licence

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

Meter Number	Date of Reading	Meter Reading



**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 TRANSFEROR (SELLER)**

**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.

SIGNED:

**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 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	
Signature	
Print Name	
Position held	



# A.1

# Application to transfer Water Allocation

**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 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.

SIGNED:

**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 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	
Signature	
Print Name	
Position held	

**RETURN APPLICATION AND PAYMENT TO:**

**Make cheques or money orders payable to:**  
Department for Environment and Water

**Return application and payment to:**  
Department for Environment and Water  
PO Box 240  
BERRI SA 5343

**Office Location:**

2 Wade Street  
BERRI SA 5343

**Telephone enquiries:** (08) 8595 2053