



T.2	<p style="text-align: center; margin: 0;"><b>RIVER MURRAY PRESCRIBED WATERCOURSE</b></p> <p style="text-align: center; margin: 0;"><b>Application to tag a South Australian water allocation for extraction in another State</b></p>
<small>Pursuant to Section 164M of the <i>Natural Resources Management Act 2004</i> and Schedule D of the <i>Murray-Darling Basin Agreement 2006</i></small>	

**Note:** Failure to provide complete details and/or prescribed fee will result in your application being returned for completion

**Note:** The State of Origin and the State of Destination must approve the tagged transfer before it can take effect.  
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**

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

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Contact Person \_\_\_\_\_ If body Corporate, ACN No \_\_\_\_\_

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

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

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

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

**2 South Australian Water Detail**

South Australian Water Licence Number \_\_\_\_\_

South Australian Water Account Number \_\_\_\_\_

**3 Interstate Authority Detail**

Water Authority \_\_\_\_\_

Trading Zone \_\_\_\_\_

**3.1** Do you have an existing Interstate Water Account against which the water allocation will be credited?  
 Yes – Water Account Number \_\_\_\_\_  No

**3.2** Volume of water to be tagged (Kilolitres) \_\_\_\_\_

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



**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 APPLICANT**

**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 of Environment, Water and Natural Resources

**Return application and payment to:**  
Department of Environment, Water and Natural Resources  
PO BOX 240  
BERRI SA 5343

**Office Location:**

2 Wades Street  
BERRI SA 5343  
**Telephone enquiries:** (08) 8595 2053