| Before of Guideling do so ma | KRUPTCY APPLICATION 72 Water Management Act 2000 completing this form, carefully read the relevant Regis es available from NSW Land Registry Services (NSW Lay lead to rejection. All handwriting must be in block capital ey NOTE: The Water Management Act 2000 author chment and maintenance of the Water Access Lice sterial disclosure of information contained in the Regis | RS). Failure to ls. sises the collection Register. ster. | That Act allows for | ation required by public access to | |
|------------------------------|--|--|---------------------|------------------------------------|---------------------|
| ВА | (A) Delivery Box (B) Name, Address, Telephone, and C | Customer Accoun | t Number if any | (C) Reference | (D) Dealing No of |
| (E) WA | TER ACCESS LICENCE NUMBER | (F) LICENCE | TENURE TYPE | (G) REGI | STERED DEALING |
| (H) BAN | NKRUPT / DEBTOR | | | | |
| (I) APF | PLICANT | | | | |
| (J) CLA | AIM | | | | |
| (i) | Section of the Bankruptcy Act 1966 by virtue of which the a | pplicant claims: | | | |
| (ii) | Date of sequestration order pursuant to which the ap | plicant claims: | | | |
| (iii) | The applicant claims pursuant to the following: | | | | |
| the sequ | e applicant claims as trustee of the abovementioned estration order / | · · · · · · · · · · · · · · · · · · · | | ······ | referred to above |

I certify that the applicant, with whom I am personally acquainted or as to whose identity I am otherwise satisfied, signed this dealing in my presence.

Certified correct for the purposes of the Water Management Act 2000 by the applicant.

Signature of applicant:

Name of witness: Address of witness:

Signature of witness:

ADDITIONAL INFORMATION TO BE PROVIDED

Regulation 9 Water Management (General) Regulation 2011

PRIVACY NOTE: The information provided below will <u>not</u> form part of the Water Access Licence Register and therefore will not be available to the public through NSW Land Registry Services. For any enquiries regarding the use of this information contact WaterNSW.

Leave this space clear for office use

EVIDENCE NUMBER

- 1. Separate details must be provided for each licence in the application.
- 2. This form must be signed by or on behalf of the applicant(s) as on the notice of death form itself. The signature(s) need not be witnessed.
- 3. A contact licence holder must be nominated for each licence. A contact licence holder is the licence holder to whom notices and other correspondence will be sent and who will receive invoices relating to the fees and water charges associated with the licence. Where there are multiple licence holders, one only must be nominated. Where the contact licence holder is a corporation its ABN, ACN or ARBN must be provided. The contact licence holder's daytime telephone number during must be provided. It will be used by the licence regulator or water delivery authority to seek any necessary clarification of information relating to the licence.
- 4. If the space provided is insufficient attach additional sheets in the same format as this sheet.

| Water Access Licence No. | Contact licence holder's details | |
|--------------------------|----------------------------------|-----------|
| | ABN/ACN/ARBN: | |
| | Name: | |
| | Address: | |
| | City/Suburb/Town: | Postcode: |
| | Daytime telephone number: | |
| | ABN/ACN/ARBN: | |
| | Name: | |
| | Address: | |
| | City/Suburb/Town: | Postcode: |
| | Daytime telephone number: | |
| | ABN/ACN/ARBN: | |
| | Name: | |
| | Address: | |
| | City/Suburb/Town: | Postcode: |
| | Daytime telephone number: | |
| | ABN/ACN/ARBN: | |
| | Name: | |
| | Address: | |
| | City/Suburb/Town: | Postcode: |
| | Daytime telephone number: | |
| | ABN/ACN/ARBN: | |
| | Name: | |
| | Address: | |
| | City/Suburb/Town: | Postcode: |
| | Daytime telephone number: | |
| | I | |

| | Address: City/Suburb/Town: Daytime telephone number: | Postcode: | |
|---------------------------------|---|---------------------------------|---------|
| The applicant states that the i | nformation provided herein is accurate and true. | | |
| Signature of applicant: | | | |
| If signed on the applicant's be | ehalf by a solicitor or barrister, insert the signatory | s full name and capacity below: | |
| | | | - FDMOM |