

# CHANGE OF NAME

## Water Management Act 2000

Before completing this form, carefully read the instructions available from NSW Land Registry Services (NSW LRS). Failure to do so may lead to rejection. All handwriting must be in block capitals.

Leave this space clear for office use

**PRIVACY NOTE: The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.**

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT NSW LRS			
CN	(A) Document Collection Box	(B) Name, Address or DX, Telephone, and Customer Account Number if any	(C) Reference	(D) Dealing No. of

(E) WATER ACCESS LICENCE NUMBER	(F) LICENCE TENURE TYPE	(G) REGISTERED DEALING

(H) REGISTERED HOLDER whose name is to be changed: show the name as it currently appears on the licence

(I) NEW NAME

### (J) STATUTORY DECLARATION BY THE APPLICANT \*

I,  
solemnly and sincerely declare that—

1. I am identical with the registered holder referred to above.
2. On \_\_\_\_\_ at \_\_\_\_\_  
in the \_\_\_\_\_ I married \_\_\_\_\_
- 3.

I apply to have my new name recorded in respect of the abovementioned

Made and subscribed at \_\_\_\_\_ in the \_\_\_\_\_ on \_\_\_\_\_

in the presence of \_\_\_\_\_ of \_\_\_\_\_,

Justice of the Peace (J.P. Number: \_\_\_\_\_)  Practising Solicitor

Other qualified witness [specify: \_\_\_\_\_]

\*\* who certifies the following matters concerning the making of this statutory declaration by the person who made it:

1. I saw the face of the person OR I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering; and
2. I have known the person for at least 12 months OR I have confirmed the person's identity using an identification document and the document I relied on was a \_\_\_\_\_ [Omit ID No.]

Signature of witness:

Signature of applicant:

\* As the services of a qualified witness cannot be provided at lodgment, the declaration should be signed and witnessed prior to lodgment. \*\* If made outside NSW, cross out the witness certification. If made in NSW, cross out the text which does not apply.

**ADDITIONAL INFORMATION TO BE PROVIDED**  
**Regulation 9 Water Management (General) Regulation 2011**

*Leave this space clear for office use*

**PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through NSW LRS. For any enquiries regarding the use of this information contact DPI Water.**

*EVIDENCE NUMBER*

Water Access Licence No.	Contact licence holder's details
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:

The applicant states that the information provided herein is accurate and true.

Signature of applicant:

If signed on the applicant's behalf by a solicitor or barrister, insert the signatory's full name and capacity below: