

**TRANSMISSION APPLICATION**

**by an executor administrator or trustee**

**Section 72 Water Management Act 2000**

*Before completing this form, carefully read the relevant Registrar General's Guidelines 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			
<b>AE</b>	(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
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(H) DECEASED REGISTERED HOLDER

(I) APPLICANT

(J) the above applicant(s), being entitled as the \_\_\_\_\_ of the deceased registered holder (who died on \_\_\_\_\_ ) pursuant to \_\_\_\_\_ No. \_\_\_\_\_ granted on \_\_\_\_\_ ( \_\_\_\_\_ ) apply to be registered as holder of the estate or interest of the deceased registered holder in the abovementioned—

DATE:

Evidence sighted & returned [Office use only]:

**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 Land Registry Services. For any enquiries regarding the use of this information contact WaterNSW.

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: