

TERM TRANSFER

Section 71N 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			
	(A) Delivery Box	(B) Name, Address or DX, Telephone, and Customer Account Number if any	(C) Reference	(D) Dealing No. of
TT				

(E) WATER ACCESS LICENCE NUMBER	(F) LICENCE TENURE TYPE
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(G) TERM TRANSFEROR

(H) TERM TRANSFEREE	(I) TENANCY
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(J) CONSIDERATION

(K) TERM is for a period of _____ years _____ months _____ days commencing on _____ and terminating on _____
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(L) The term transferor acknowledges receipt of the consideration and transfers to the term transferee for the term specified above all the term transferor's water entitlement in the above water access licence.

Dated

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

Signature of witness:

Name of witness:

Address of witness:

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

Signature of term transferor:

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

Signature of witness:

Name of witness:

Address of witness:

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

Signature of term transferee:

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

1. Separate details must be provided for each licence in the term transfer.
2. If the address details are the same for each licence, complete the first panel only and insert "as above" in the following panels.
3. Consideration must be shown for each licence in the term transfer.
4. The total consideration for all the licences in the transfer must also be shown.
5. If the consideration is other than an amount of money show "\$0.00".
6. This form must be signed by or on behalf of the term transferee(s) as on the transfer form itself. The signature(s) need not be witnessed.
7. 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.
8. If the space provided is insufficient attach additional sheets in the same format as this sheet.

Water Access Licence No.	Consideration	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:
TOTAL CONSIDERATION	\$	

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

Signature of transferee:

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

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