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Purpos	SP 0	f the	form

Government

This form is used where the holder of two or more wate	r allocations that have the same basic attributes (suc	h as
location) wishes to amalgamate the water allocations.		

location) wishes to amalgamate the water allocations.		
Part A Applicant details		
Specify the full name(s) of all persons applying to amalga	amate water allocations:	
If the applicant is a corporation, please supply the ACN:		
Attention (Optional) (e.g. Principal, Secretary, Managing	Director, etc.)	
Street address:		
Mailing address (if same as street address write 'as above	/e'):	
Main contact for this application		
The contact details provided will be used by the department for the purpose of communications under the <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties.		
Full name:		
Preferred phone:	Alternative phone:	
Email:		

Privacy statement: Collection of information on this form is authorised by section 158 of the Water Act 2000 and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

	Application ref.	Fee received \$	
			Office
OFFICE USE	Client ref.	Receipt no.	
ONLY			Stamp
	Authorisation ref.	Registration Initials date	Only
		/ /	

Part B Water allocations to be amalgamated			
Water plan*: * For water allocations in the Whitsunday plan area, please reference the Resource Operations Plan instead of the Water Plan.			
Water supply scheme or water	er management area:		
Lot	Crown plan	Title reference	Nominal volume of the water allocation (ML)
Part C Point of take details	s for underground water allo	ocations	
	-	e of underground water within the discontinuous of underground water water within the discontinuous of underground water w	
If water will be taken through	more than three water bores.	, attach a separate list to this a	pplication.
Bore 1: Registered Bore Number (if k	known): L	atitude: Lor	ngitude:
Bore 2: Registered Bore Number (if k	known): L	atitude: Lor	ngitude:
Bore 3: Registered Bore Number (if k	(nown): L	atitude: Lor	ngitude:
	nal places E.g. Latitude -27.47514 L	ongitude 153.02578	
OR Degrees° Minutes' Seconds" E.g.	Latitude 27° 28' 30.504" S Longitude	∋ 153° 1' 32.808" E	
Specify the datum for the loc	ation readings: ☐ GDA2020 ☐	GDA94 ☐ WGS84 ☐ Other:	
Part D Comments			
Provide any further comments or information that may be of assistance in assessing this application. If insufficient space, provide additional information as an attachment.			

Part E Applicant declaration

All parties to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

Being the holder of the water allocations referred to in this application, I/we do hereby apply to amalgamate the water allocations. I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual		
Name:	Name:	
Signature:	Signature:	
Position/Title: (if applicable)	Position/Title: (if applicable)	
Date:	Date:	
Corporation Executed for and on behalf of		
Organisation name:		
ACN:		
By (name):	By (name):	
Position:	Position:	
Signature:	Signature:	
Date:	Date:	
Witnessed by:	Witnessed by:	
Witness signature:	Witness signature:	
Date:	Date:	