



Water Act 2000 – Form W2F138

ABN 51 242 471 577

Application for transfer of interim water allocation that does not attach to land

Purpose of the form

This form is used for an interim resource operations licence holder or a resource operations licence holder to apply to transfer an interim water allocation that does not attach to land.

Part A Transferor details

Specify the full name(s) of the current interim water allocation holder:

If the transferor is a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Part B Interim water allocation details

Specify the interim water allocation reference number(s) that will be transferred:

Privacy statement: Collection of information on this form is authorised by 193 of the unamended *Water Act 2000*, continued under section 1271 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.

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

Part C Transferor 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.

I/We declare that the information 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:

Part D Comments

Provide any further comments or information that may be of assistance in assessing this application. Attach additional information to your application as required.

Part E Transferee details	
Specify the full name(s) of the new interim water allocation holder:	
If the transferee is a corporation, please supply the ACN:	
Street address:	
Mailing address (if same as street address write 'as above'):	
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:	
Part F Transferee declaration	
All intended holders 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.	
I/We declare that the information 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: