

Purpose of the form

The owner of water infrastructure or an entity who will become the owner of the infrastructure may nominate an entity

contractual a	•	,		OL holder must be supported by a e contractual agreement must have	
Part A Contact details					
Specify the f	ull name of the entity that is th	ne current owner	r of water infrastruc	ture:	
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'):					
Main contact for this nomination					
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 B Water infrastructure details					
Name of licence:					
Holder name:					
Operations manual:					
for the purpose	of processing your application. The	department may be r	equired or authorised by	hter Act 2000 and will be used by the department I legislation to disclose your information to other authorised or required by legislation.	
	Application ref.			Office	
OFFICE USE ONLY	Client ref.			Stamp Only	
	Authorisation ref.	Registration Date	Initials	Only	

Part C Nomination details				
Is there a contractual agreement between the owner of the infrastructure and the nominee? Yes \[\] No \[\]				
Has the nominator and nominee obtained independent financial advice about the proposed nomination? Yes \[\] No \[\]				
Has the nominator and nominee obtained independent legal advice about the proposed nomination? Yes No				
Part D 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.				
I/We declare that the information contained in this application and materials submitted in support is true and correct.				
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 E Nominee details				
Specify the full name of the entity who will hold the DOL:				
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'):				
Nominee contact details				
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 Nominee's agreement				
The nominee has been given a copy of the relevant operations manual and the distribution operations licence.				
 Carry out activities authorised under the distribution operations licence. Comply with the conditions or proposed conditions stated on the distribution operations licence. 				
Part G Nominee declaration				
All nominees 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 contained in this application and materials submitted in support is true and correct				
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:			