



# Water Act 2000 – Form W2F142

ABN 51 242 471 577

## Application to amalgamate interim water allocations that do not attach to land

<b>Purpose of the form</b>	
Where an entity is the holder of two or more interim water allocations, it may apply to amalgamate the interim water allocations.	
<b>Part A Applicant details</b>	
Specify the full names(s) of all persons applying to amalgamate these interim water allocations.	
If the applicant is a corporation, please supply the ACN:	
Street address:	
Mailing address (if same as street address write 'as above'):	
<b>Main contact for this application</b>	
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 192 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.

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

**Part B Amalgamation**

Provide details of the interim water allocations to be amalgamated.

1. Reference numbers of the existing interim water allocation to be amalgamated.
2. Amount shown on this entitlement.
3. Total amount for amalgamated water entitlements.

1. Reference number	2. Existing entitlement amount	
	Megalitres	Hectares
<b>3. Total</b>		

**Part C Comments****Part D 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 the 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:

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: