Government

## **Water Act 2000 - Form W2F018**

ABN 51 242 471 577

## Application to amalgamate water licences that do not attach to land

| Purpose of the form  |                    |  |  |  |
|--|--------------------|--|--|--|
| Where an entity is the holder of two or more water licences, it may apply to amalgamate the water licences.  |                    |  |  |  |
| Part A Applicant details   |                    |  |  |  |
| Specify the full names(s) of the entity applying to amalgamate the water licences:   |                    |  |  |  |
|  |                    |  |  |  |
|  |                    |  |  |  |
| If the applicant 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:   |                    |  |  |  |

**Privacy statement:** Collection of information on this form is authorised by section 122 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 USE<br>ONLY | Client ref.        | Receipt no.                | Office<br>Stamp<br>Only |
|                    | Authorisation ref. | Registration Initials date | Offig                   |

## Part B Amalgamation

Provide details of the water licences to be amalgamated.

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

|   | 2. Existing entitlement amount |                                    |           |  |  |
|---|--------------------------------|------------------------------------|-----------|--|--|
| 1. Reference number   | *Megalitres                    |                                    | *Hectares |  |  |
|   |                                |                                    |           |  |  |
|   |                                |                                    |           |  |  |
|   |                                |                                    |           |  |  |
| 3. Total  |                                |                                    |           |  |  |
| Part C Comments   |                                |                                    |           |  |  |
|   |                                |                                    |           |  |  |
|   |                                |                                    |           |  |  |
|   |                                |                                    |           |  |  |
| Part D Declaration  |                                |                                    |           |  |  |
| All applicants must 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.   |                                |                                    |           |  |  |
| Individual  |                                |                                    |           |  |  |
| Name:   |                                | Name:                              |           |  |  |
| Signature:  |                                | Signature:                         |           |  |  |
| Position/Title: (if applicable)   |                                | Position/Title:<br>(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:                              |           |  |  |