

TRANSMISSION APPLICATION by a devisee, beneficiary or next-of-kin

Section 72 Water Management Act 2000

Before completing this form, carefully read the relevant Registrar General's Directions available from Land and Property Information (LPI). Failure to do so may lead to rejection. All handwriting must be in block capitals.

Leave this space clear for office use

PRIVACY NOTE: The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.

(A) STAMP DUTY *Leave this space clear for Office of State Revenue use*

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI			
AD	(B) Delivery Box	(C) Name, Address or DX, Telephone, and Customer Account Number if any	(D) Reference	(E) Dealing No. of

(F) WATER ACCESS LICENCE NUMBER	(G) LICENCE TENURE TYPE	(H) REGISTERED DEALING

(I) DECEASED REGISTERED HOLDER

(J) APPLICANT	(K) TENANCY

(L) CONSENT OF EXECUTOR, ADMINISTRATOR OR TRUSTEE

I,
 executor of the will / administrator of the estate / trustee of the estate of the deceased registered holder, transfer to the applicant(s)
 the above water access licence / interest in the above registered dealing. Dated

Signature of witness:

Signature of executor / administrator / trustee:

Name of witness:

Address of witness:

(M) I / We, the above applicant(s), being entitled as the beneficiary of the will / estate of the deceased registered holder (who died on) pursuant to probate / letters of administration No.
 granted on to
 (which is lodged herewith / a certified copy of which is lodged herewith) apply to be registered as holder of the estate or interest of the deceased registered holder in the water access licence / registered dealing specified above. Dated

(N) I certify that the applicant, with whom I am personally acquainted or as to whose identity I am otherwise satisfied, signed this dealing in my presence.

Certified correct for the purposes of the Water Management Act 2000 by the applicant.

Signature of witness:

Signature of applicant:

Name of witness:

Address of witness:

Evidence sighted & returned [Office use only]:

ADDITIONAL INFORMATION TO BE PROVIDED*Leave this space clear for office use*

Regulation 31(2) Water Management (General) Regulation 2004

PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through Land and Property Information. For any enquiries regarding the use of this information contact DPI Water.*EVIDENCE NUMBER*

1. Separate details must be provided for each licence in the application.
2. This form must be signed by or on behalf of the applicant(s) as on the transmission application itself. The signature(s) need not be witnessed.
3. A contact licence holder must be nominated for each licence. A contact licence holder is the licence holder to whom notices and other correspondence will be sent and who will receive invoices relating to the fees and water charges associated with the licence. Where there are multiple licence holders, one only must be nominated. Where the contact licence holder is a corporation its ABN, ACN or ARBN must be provided. The contact licence holder's daytime telephone number during must be provided. It will be used by the licence regulator or water delivery authority to seek any necessary clarification of information relating to the licence.
4. If the space provided is insufficient attach additional sheets in the same format as this sheet.

Water Access Licence No.	Contact licence holder's details
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:

The applicant states that the information provided herein is accurate and true.

Signature of applicant:

If signed on the applicant's behalf by a solicitor or barrister, insert the signatory's full name and capacity below:

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