

**APPLICATION FOR CONSENT TO TRANSFER LAND
 COMPRISED IN A CROWN HOLDING
 BY WAY OF SALE, LEASE, ETC.**

Schedule 3, Crown Lands (Continued Tenures) Act 1989; Sections 38 and 44 Crown Lands Act 1989; Part 3, Hay Irrigation Act 1902; Part 3, Wentworth Irrigation Act 1890

I / We
 (Insert in BLOCK letters full name(s), with surname last, of **proposed transferee(s)**)

of Phone No.

apply for consent to the transfer of the land specified in the schedule hereunder to me/us by way of
 (insert - sale or lease, etc.)

from
 (Insert in BLOCK letters full name(s), with surname last, of **proposed transferor(s)**)

of
 (Insert address of **proposed transferor(s)**)

SCHEDULE OF LANDS PROPOSED TO BE TRANSFERRED

| REAL PROPERTY ACT TITLE REFERENCE vol/folio or lot/DP | CROWN HOLDING Type, No. & Land District | AREA | PORTION No. or LOT/DP | PARISH & COUNTY |
|---|--|------|--------------------------|-----------------|
| | | | | |

STATEMENT BY PROPOSED TRANSFEREE(S)

I / We do hereby state:-

- I am/we are / are not 18 years of age or more; (*delete "are" or "are not"*)
- I am/we are the proposed transferee(s) of the land shown in the schedule below
- my/our sole object in acquiring the land is in order that I/we may hold it for my/our exclusive benefit for the purpose of -

.....

 (insert details of intended use of the land)

- the land is currently used for the purpose of -

.....
 (Please attach photographs if the lease is being used for a purpose other than grazing)

- I/we have examined the terms and conditions of the lease (*delete if the land is NOT a lease from the Crown*);

NOTE: If the proposed transferee is a company this form should be amended accordingly.

Signature of Made before me at
 Proposed
 Transferee(s) this day of 20

.....
 (signature of witness)

LODGE WITH
 MANAGER, LAND NSW
 OFFICE

If any advice is needed in completing this form please contact the local District Office.

| TO BE COMPLETED BY LODGING PARTY | |
|----------------------------------|-------|
| Lodged by | |
| Address | |

| DISTRICT OFFICE USE ONLY | |
|--------------------------|------------------|
| Prescribed fee paid \$ | Receipt No |
| | |
| for Manager | Date |