

TERM TRANSFER

Section 71N Water Management Act 2000

Leave this space clear for LPI use

Before completing this form, carefully read the instructions available from Department of Lands, Land & Property Information Division (LPI). Failure to do so may lead to rejection. All handwriting must be in block capitals.

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.

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI			
	TT	(A) Document Collection Box	(B) Name, Address or DX, Telephone, and LLPN if any	(C) Reference

(E) WATER ACCESS LICENCE NUMBER	(F) LICENCE TENURE TYPE
---------------------------------	-------------------------

(G) TERM TRANSFEROR

(H) TERM TRANSFEREE	(I) TENANCY
---------------------	-------------

(J) CONSIDERATION

(K) TERM is for a period of _____ years _____ months _____ days	
commencing on _____	and terminating on _____

(L) The term transferor acknowledges receipt of the consideration and transfers to the term transferee for the term specified above all the term transferor's water entitlement in the above water access licence.

DATE:

ADDITIONAL INFORMATION TO BE PROVIDED
Regulation 31(2) Water Management (General) Regulation 2004

Leave this space clear for LPI use

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 the Department of Lands. For any enquiries regarding the use of this information contact the Department of Water and Energy.

EVIDENCE NUMBER

Water Access Licence No.	Consideration	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:
	\$	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
TOTAL CONSIDERATION		\$

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

Signature of transferee:

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