

CHANGE OF NAME

Water Management Act 2000

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.

Leave this space clear for LPI 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.

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI			
	CN	(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) REGISTERED DEALING
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(H) REGISTERED HOLDER whose name is to be changed: show the name as it currently appears on the licence

(I) NEW NAME

(J) STATUTORY DECLARATION BY THE APPLICANT *

I, _____, solemnly and sincerely declare that—

1. I am identical with the registered holder referred to above.
2. On _____ at _____ in the _____ I married _____
- 3.

I apply to have my new name recorded in respect of the above

Made and subscribed at _____ in the _____ on _____ in the presence of—

Signature of witness:

Signature of applicant:

Name of witness:

Address of witness:

Qualification of witness: Justice of the Peace Practising Solicitor Other qualified witness [specify]

* As the Department of Lands may not be able to provide the services of a justice of the peace or other qualified witness, the statutory declaration should be signed and witnessed prior to lodgment of the form at Land & Property Information Division.

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.	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:
	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: