



Application Guidelines:

Replacement of Certificate(s)

Use this form to apply for the replacement of the certificates.

NOTES

- Please print neatly in BLOCK LETTERS with a black or blue pen. Mark in the appropriate boxes.
- Unless otherwise stated, the meanings for capitalised terms used but not defined in this application, are the same as those in the *Water Entitlements Contract*.
- If the *Water Entitlements, Rights of Access* and/or *Shares certificate/s* applied to be replaced are held jointly by two or more persons, each person must be named as an applicant and each person must sign this application. The applicant's details must be identical to the details on *Water Entitlements Contract, Water Delivery Contract* and/or *Share Certificate* in respect of the certificate/s being replaced.
- Electronic signatures are not accepted. Please print and sign this form.
- Murrumbidgee Irrigation Limited is bound by the Australian Privacy Principles (APPs) in the Privacy Act which regulate how we collect, use, disclose and store your personal information, and how you may access and correct personal information we hold about you. To see how we handle your personal information, please read our complete Privacy Policy which can be accessed on our website at <http://www.mirrigation.com.au/Sitemap/Privacy>.

APPLICATION CHECKLIST

Have you provided the following documentation required for processing this application?

- Written approval** of this application from all persons who hold a legal or equitable interest in the Water Entitlements, Rights of Access and/or Shares (Page 2 of this form).
- Application fee** - Refer to the Schedule of Charges on MI's website: www.mirrigation.com.au/Customers.
- Statutory Declaration** correctly completed and signed. (Included in this application)



Application: Replacement of Certificate(s)

1. Applicant's details

Full name*

* If more than one person, please list other names on Page 2.

Date of birth Email

Company name

Postal address ABN

Phone

Mobile

Landholding address Fax

Account Number

2. Reason for certificate replacement

- The certificate has been lost, destroyed or stolen; and
- Enquiries have been made of any person who may hold an interest in the certificate and they deny possession of the certificate; and
- The certificate has not been pledged, sold or otherwise disposed of; and
- If the certificate is located it will be immediately returned to the Company

Other information:

3. Certificate(s) to be replaced

- Water Entitlements Certificate
- Rights of Access Certificate
- Share Certificate

4. Signing by the applicant(s)

The applicant(s) by signing this application form:

- warrants that they have authority to replace the certificate(s) describe in this application; and
- warrants that if the certificate(s) is located it will be immediately returned to the Company.

Option A: If the applicant is an individual or multiple individuals.

Name	<input type="text"/>		
Signature & Date	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		
Date of Birth	<input type="text"/>		
Name	<input type="text"/>		
Signature & Date	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		
Date of Birth	<input type="text"/>		
Name	<input type="text"/>		
Signature & Date	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		
Date of Birth	<input type="text"/>		
Name	<input type="text"/>		
Signature & Date	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		
Date of Birth	<input type="text"/>		
Name	<input type="text"/>		
Signature & Date	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>		
Date of Birth	<input type="text"/>		

Option B: If the applicant is representing a company, this application is executed in accordance with section 127 of the *Corporations Act 2001*.

Name	<input type="text"/>			
Signature	<input type="text"/>	Date	Position:	
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary
			<input type="checkbox"/> Sole Director	<input type="checkbox"/> Sole Company Secretary
Name	<input type="text"/>			
Signature	<input type="text"/>	Date	Position:	
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary
			<input type="checkbox"/> Sole Director	<input type="checkbox"/> Sole Company Secretary