



Application Guidelines:

Change of name, address and/or contact details

Use this form to change your name, address and/or contact details.

NOTES

- Please print neatly in BLOCK LETTERS with a black or blue pen. Mark or 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* and *Water Delivery Contracts*.
- If the *Water Entitlements, Rights of Access and/or Shares certificate/s* applied to be changed 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 the *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?

- Name Change:** A Statutory Declaration and certified evidence of change of name; correctly completed and signed, if applicable.
- Application Fee.** No fee applies for this application.

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Application: Change of name, address and/or contact details

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. Change details** - I wish to
- advise of my name change > Go to Section 3
 - change address details > Go to Section 4
 - change contact details > Go to Section 5

3. Change of name

- A Statutory Declaration (Page 3) and certified evidence of change of name is required.

New given names

New family name

4. Change of address

New residential address

New postal address

5. Change contact details

New phone no. New mobile

New fax no. New email

Other

6. Communications details

Please indicate your preferred method of receiving communications from MI.

Water order confirmation via:

SMS text E-mail Not required

Company information releases via:

SMS text E-mail Do not send

4. Signing by the applicant(s)

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

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

Additional Information

Statutory Declaration

OATHS ACT 1900, NSW, EIGHTH SCHEDULE

(Please complete one Statutory Declaration per person.)

I (Full name of declarant)¹

of (Residential address)

do solemnly and sincerely declare that the applicant in the form "Application: Change of Name, Address and/or Contact Details" which accompanies this statutory declaration has authority to appoint the representative(s) described in the application, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*.

Signature of applicant

Declared at (place) in the State of New South Wales on (Date: day, month, year)

in the presence of: (name of authorised witness)

(qualification of authorised witness)²

who certifies: (#Please cross out any text that does not apply)

- 1#** I saw the face of the declarant; **OR**
 I did not see the face of the declarant because the declarant was wearing a face covering, but I am satisfied that the declarant had a special justification for not removing it; **and**
- 2#** I have known the declarant for at least 12 months; **OR**
 I have confirmed the declarant's identity by witnessing an approved identification document, or a certified copy of an approved identification document³, that document being:

.....
(describe identification document relied on)

¹ If the applicant is an individual, the declarant must be the applicant. If the applicant is multiple individuals, each individual must sign a separate statutory declaration. If the applicant is a company, the declarant must be an authorised officer of the company.

² Statutory declarations for use in NSW may be made before the following persons:
(i) a justice of the peace;
(ii) a legal practitioner holding a current practising certificate; or
(iii) a notary public.

³ Identification documents are outlined in Ruling 003 issued by the NSW Attorney General & Justice Department. A copy of this ruling is available on MI's website.

Signature of authorised witness

Date