

Application Guidelines:

Internal permanent transfer of Supplementary Allocation

Use this form to apply for the transfer Supplementary Water Allocation specified in this application.

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 Delivery Contract*.
- If the Supplementary Water Allocation is 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 held in Murrumbidgee Irrigation Limited's (the Company) register in respect of the Supplementary Water Allocation being transferred.
- Murrumbidgee Irrigation Limited is bound by the Australian Privacy Principles (APPs) in the *Privacy Act 1988* (Cth) 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>.
- Electronic signatures will be deemed valid as an indication of that person's intention to sign this document where:
 - (a) there is an insertion of an image (including a scanned image) of the person's own unique signature on to the document, or
 - (b) there is use of a reliable electronic signature and exchange platform (such as DocuSign or AdobeSign) to sign the document.In addition, all signatures must be accompanied by words to the effect of 'Electronic signature of me, [NAME], affixed by me on [DATE]'.
- From 1 July 2024, new Commonwealth legislation will apply, which will require that trade and transfer application forms relating to eligible water rights are completed **comprehensively** and **accurately**. Eligible water rights includes water entitlements, water allocation, delivery entitlements, and irrigation rights. By submitting this form, the customer acknowledges its obligations under the Commonwealth legislation and agrees that it is responsible for ensuring this form is completed comprehensively and accurately. Please visit <https://www.dccew.gov.au/water/policy/markets/reform> for further information.

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 being transformed.
- A current title search** of the landholding showing vendor(s) as owner(s).
- Application fee** – Refer to the Schedule of Charges on MI's website: www.mirrigation.com.au/Customers/schedule-of-charges

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Application: Internal permanent transfer of Supplementary Allocation

1. Seller details (Applicants/Vendors)

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 Account Number

2. Supplementary Water Allocation to be transferred

Megalitres (ML) of licenced allocation
 (Allocation held in the Company's
 Supplementary Water Access
 Licence) (Non Wah Wah customer
 only)

Megalitres of internal allocation
 (Wah Wah customer only)

3. Water allocation account to which the Supplementary Allocation will be transferred (purchaser)

Full name

Date of birth Email

Company name

Postal address ABN

Phone

Mobile

Landholding address Account Number

4. Signing by the seller (Applicants/Vendors)

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

4. Signing by the purchaser(s)

Option A: If the purchaser 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