

**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.
- 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 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](http://www.mirrigation.com.au/Customers)

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## Application: Internal permanent transfer of Supplementary Allocation

### 1. Seller details (Applicants/Vendors)

Full name*	<input type="text"/>		
<small>* If more than one person, please list other names on Page 2.</small>			
Date of birth	<input type="text"/>	Email	<input type="text"/>
Company name	<input type="text"/>		
Postal address	<input type="text"/>	ABN	<input type="text"/>
		Phone	<input type="text"/>
		Mobile	<input type="text"/>
Landholding address	<input type="text"/>	Fax	<input type="text"/>
		Account Number	<input type="text"/>

### 2. Supplementary Water Allocation to be transferred

Megalitres (ML) of licenced allocation (Allocation held in the Company's Supplementary Water Access Licence)	<input type="text"/>
Megalitres of internal allocation (Wah Wah)	<input type="text"/>

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

Full name	<input type="text"/>		
Date of birth	<input type="text"/>	Email	<input type="text"/>
Company name	<input type="text"/>		
Postal address	<input type="text"/>	ABN	<input type="text"/>
		Phone	<input type="text"/>
		Mobile	<input type="text"/>
Landholding address	<input type="text"/>	Fax	<input type="text"/>
		Account Number	<input type="text"/>

#### 4. Signing by the seller (Applicants/Vendors)

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

Name			
Signature & Date	Date:	Date of Birth	
Name			
Signature & Date	Date:	Date of Birth	
Name			
Signature & Date	Date:	Date of Birth	
Name			
Signature & Date	Date:	Date of Birth	
Name			
Signature & Date	Date:	Date of Birth	
Name			
Signature & Date	Date:	Date of Birth	

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

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

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

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

#### Additional information