



### Application Guidelines:

## Locking unmetered supply for Temporary Transfer

Use this form to apply for the locking of unmetered supply specified in this application.

### 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 Delivery Contract*.
- 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?

- Application fee** - Refer to the Schedule of Charges on MI's website: [www.mirrigation.com.au/Customers](http://www.mirrigation.com.au/Customers).

## Application: Locking of unmetered supply for temporary transfer

### 1. Applicant's details

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"/>
Landholding address	<input type="text"/>	Mobile	<input type="text"/>
		Fax	<input type="text"/>
		Account Number	<input type="text"/>

### 2. New Works Type

I hereby apply to Murrumbidgee Irrigation for an initial inspection to have my supply point made inoperative and/or have a locking device connected to my outlet(s) listed below for the up and coming Irrigation Season.

Landholding reference number (WAA)	<input type="text"/>	Outlet number	<input type="text"/>
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I understand this arrangement is only being approved for the current Irrigation Season and if approved I understand this will allow me the opportunity to apply to Murrumbidgee Irrigation for a Trade of Annual Allocation (Temporary Transfer of Water).

Before any works are to take place the proposed method to make the outlet inoperative must be approved by the Company. The operational integrity of the asset/works must not be altered unless approved by MI. If it is later found the works do not comply with Murrumbidgee Irrigation standards, MI reserves the right to have the works repaired and all costs associated with these repairs will be borne by the applicant.

### 3. Signing by the applicant(s)

The applicant(s) by signing this application form warrants that they have authority to lock the outlet(s) described in the application.

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

#### OFFICE USE ONLY

Initial inspection completed by ..... Date ...../...../.....  
Padlock supplied by ..... Date ...../...../.....  
Approval inspection completed by ..... Date ...../...../.....