

NOTICE OF DEATH

Section 72 Water Management Act 2000

Before completing this form, carefully read the relevant Registrar General's Guidelines available from NSW Land Registry Services (NSW LRS). Failure to do so may lead to rejection. All handwriting must be in block capitals.

Leave this space clear for office use

PRIVACY NOTE: The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT NSW LRS			
ND	(A) Document Collection Box	(B) Name, Address, Telephone, and Customer Account Number if any Email:	(C) Reference	(D) Dealing No. of

(E) WATER ACCESS LICENCE NUMBER	(F) LICENCE TENURE TYPE	(G) REGISTERED DEALING
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(H) DECEASED JOINT TENANT

(I) SURVIVING JOINT TENANT

(J) I, the abovementioned surviving joint tenant, apply to be registered as owner of the interest of the deceased joint tenant (who died on _____ as stated in the _____ No. _____ accompanying this application) in the above

(K) DATE:

Evidence sighted & returned [Office use only]:

ADDITIONAL INFORMATION TO BE PROVIDED
Regulation 9 Water Management (General) Regulation 2018

Leave this space clear for office use

PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through NSW Land Registry Services. For any enquiries regarding the use of this information contact WaterNSW

EVIDENCE NUMBER

Water Access Licence No.	Contact licence holder's details
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:

The surviving joint tenant states that the information provided herein is accurate and true.

Signature of surviving joint tenant: