

TRANSMISSION APPLICATION

by an executor administrator or trustee

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			
AE	(A) Document Collection Box	(B) Name, Address or DX, Telephone, and Customer Account Number if any	(C) Reference	(D) Dealing No. of

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

(I) APPLICANT

(J) the above applicant(s), being entitled as the _____ of the deceased registered holder
 (who died on _____) pursuant to _____ No. _____
 granted on _____ (_____) apply
 to be registered as holder of the estate or interest of the deceased registered holder in the abovementioned—

DATE:

Evidence sighted & returned [Office use only]:

ADDITIONAL INFORMATION TO BE PROVIDED
Regulation 9 Water Management (General) Regulation 2011

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 applicant states that the information provided herein is accurate and true.

Signature of applicant:

If signed on the applicant's behalf by a solicitor, licensed conveyancer or barrister, insert the signatory's full name and capacity below: