

BANKRUPTCY APPLICATION

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 | | | |
|-----------|---|--|---------------|--------------------|
| BA | (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 |
| | | |

(H)

(I) APPLICANT

(J) CLAIM

(K) The applicant claims as trustee of the abovementioned _____ who is identical to the _____ named in the _____ referred to above and applies to be registered as holder of all the interest of the _____ in the above

DATE:

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: |
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| | 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 or barrister, enter the signatory's full name and capacity below: