

TERM TRANSFER

Section 71N 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			
TT	(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
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(G) TERM TRANSFEROR

(H) TERM TRANSFEREE	(I) TENANCY
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(J) CONSIDERATION

(K) TERM is for a period of _____ years _____ months _____ days commencing on _____ and terminating on _____
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(L) The term transferor acknowledges receipt of the consideration and transfers to the term transferee for the term specified above all the term transferor's water entitlement in the above water access licence.

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.	Consideration	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:
TOTAL CONSIDERATION		
	\$	

The transferee states that the information provided herein is accurate and true.

Signature of transferee:

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