

CHANGE OF NAME

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			
CN	(A) Delivery Box	(B) Name, Address, 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

(H) REGISTERED HOLDER whose name is to be changed: show the name as it currently appears on the licence

.....

(I) NEW NAME of the above registered holder in full

.....

(J) STATUTORY DECLARATION BY THE APPLICANT *

I #

solemnly and sincerely declare that—

1. I am identical with the registered holder referred to above.
2. On at
in the State of I married
3.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act 1900; I apply to have my new name recorded in respect of the abovementioned water access licence / registered dealing; and I certify this dealing to be correct for the purposes of the Water Management Act 2000.

Made and subscribed at in the on
in the presence of of

- Justice of the Peace (J.P. Number) Practising Solicitor
 Other qualified witness [specify]

** who certifies the following matters concerning the making of this statutory declaration by the person who made it:

1. I saw the face of the person OR I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering; and
2. I have known the person for at least 12 months OR I have confirmed the person's identity using an identification document and the document I relied on was a [Omit ID No.]

Signature of witness: Signature of applicant:

* As the services of a qualified witness cannot be provided at lodgment, the statutory declaration should be signed and witnessed prior to lodgment.

** If made outside NSW, cross out the witness certification. If made in NSW, cross out the text which does not apply.

If the applicant is the registered holder named at letter (H), the declaration must be made in the applicant's new name.

ADDITIONAL INFORMATION TO BE PROVIDED*Leave this space clear for NSW LRS use***Regulation 9 Water Management (General) Regulation 2011**

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 the NSW Land Registry Services. For any enquiries regarding the use of this information contact WaterNSW.

EVIDENCE NUMBER

1. Separate details must be provided for each licence in the application.
2. This form must be signed by or on behalf of the applicant(s) as on the notice of death form itself. The signature(s) need not be witnessed.
3. A contact licence holder must be nominated for each licence. A contact licence holder is the licence holder to whom notices and other correspondence will be sent and who will receive invoices relating to the fees and water charges associated with the licence. Where there are multiple licence holders, one only must be nominated. Where the contact licence holder is a corporation its ABN, ACN or ARBN must be provided. The contact licence holder's daytime telephone number during must be provided. It will be used by the licence regulator or water delivery authority to seek any necessary clarification of information relating to the licence.
4. If the space provided is insufficient attach additional sheets in the same format as this sheet.

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:

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

Signature of applicant: