

# TRANSFER

## Section 71M 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.**

(A) STAMP DUTY

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT NSW LRS			
	<b>T</b>	(B) Document Collection Box	(C) Name, Address or DX, Telephone, and Customer Account Number if any	(D) Reference

(F) WATER ACCESS LICENCE NUMBER

(G) LICENCE TENURE TYPE

(H) TRANSFEROR

(I) TRANSFEREE

(J) TENANCY

(K) HOLDING TRANSFERRED

(L) CONSIDERATION

(M) The transferor acknowledges receipt of the consideration and transfers to the transferee:

DATE:

**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.	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:
<b>TOTAL CONSIDERATION</b> \$		

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: