Application for Water Authority’s approval to transfer a Delivery Share

(under section 226 of the **Water Act 1989**)

**Privacy Collection Statement:**

The information from this form is collected under the Water Act 1989 in order to process this transaction. The information is used for the purpose of maintaining the Victorian Water Register and for the provision of statistical water market information.

*741-759 Fourteenth Street*

*PO Box 1438, Mildura 3502*

*phone: (03) 5051 3400 applications@lmw.vic.gov.au*

Most of the information in the Water Register is available to the public. Incomplete forms cannot be processed.

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| **TO BE COMPLETED BY THE TRANSFERORS (SELLERS)** | | | | | |
| Delivery Share number to be transferred **from**: DSE | | | | | |
| Service Point  (outlet number)  e.g. RN12345 | **Delivery Share Rate (ML/7 days) – Standard** | | | | |
| **existing rate**  e.g. 2 ML/7days | **reduce by** | **new rate** | **existing AUL** | **new AUL**  (if applicable) |
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| **Total ML/day** |  |  |  |  |  |

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| **TRANSFERORS (SELLERS) DETAILS** | | |
| Please print name(s) in full and capital letters. All registered owners of the land must sign. If there are more than three owners or the owner is a **company** please ensure that the **Annexure** is completed.  *All notices will be sent to the postal address of the first named person/company in the Victorian Water Register.* | | |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Dated: \_ \_ / \_ \_ / \_ \_ | | |

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| **Impact of this transaction for transferor (seller)** | | | |
| I am aware that this transfer will **reduce** my entitlement to the available capacity in the channel or piped network that supplies water to the property (the water flow will be affected).  At the same time the **delivery share fees** will be **reduced** accordingly. | | | |
| Name of one land owner: | | Signature: | |
| **MORTGAGEE CONSENT** | | | |
| ❑ **If there is a mortgage on the property - Mortgagee consent must be given.** | | | |
| Mortgagee Name: | | | |
| Postal Address: | | | |
| Given Name(s): | Surname: | Signature: | Position: |
| **Consideration for Mortgagee’s consent:**   * The property affected being Lot …………………………………………… * This property is currently used for the purpose of …………………………………………… * The current annual use limit (AUL) is …………………………………………… * The *required* delivery share volume to maintain the property for its current purpose is …………………………………………… (being 12 % of the AUL). * The *current* delivery share volume associated to the property is …………………………………………… * The delivery share is to be *reduced* *to* ………………………………………… as part of this application. | | | |
| Dated: \_ \_ / \_ \_ / \_ \_ | | | |
| ❑ **If there is NO mortgage on the property** | | | |
| As (one of) the owner(s) I confirm there is no mortgage recorded against the property. | | | |
| Name of one land owner: | | Signature: | |
| Dated: \_ \_ / \_ \_ / \_ \_ | | | |

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| **TO BE COMPLETED BY THE Transferee(s) (buyers)** | | | | | |
| ❑ **new** Delivery Share ID required | | | | | |
| **leading application** DSI  *to be processed prior to this transfer (no additional fees apply)*  to be associated to **PCL**……………………./**Lot** ………………………………………………………………. | | | | | |
| ❑ **existing** Delivery Share number to be transferred **to**: DSE | | | | | |
| Service Point  (outlet number)  e.g. RN12345 | **Delivery Share Rate (ML/7 days) – Standard** | | | | |
| **existing rate**  e.g. 2 ML/7days | **increase by** | **new rate** | **existing AUL** | **new AUL**  (if applicable) |
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| **Total ML/day** |  |  |  |  |  |

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| **TRANSFEREES(S) (buyers) details** | | |
| Please print name(s) in full and capital letters. All registered owners of the land must sign. If there are more than three owners or the owner is a **company** please ensure that the **Annexure** is completed.  *All notices will be sent to the postal address of the first named person/company in the Victorian Water Register.* | | |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Dated: \_ \_ / \_ \_ / \_ \_ | | |

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| **Impact of this transaction for transferEE (buyer)** | |
| I am aware that this transfer will **increase** my entitlement to the available capacity in the channel or piped network that supplies water to the property (the water flow will be affected).  At the same time the **delivery share fees** will be **increased** accordingly. | |
| Name of one land owner: | Signature: |

**ANNEXURE**

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| **Additional TRANSFERORS (SELLERS) DETAILS** | | |
| Please print name(s) in full and capital letters. All registered owners of the land must sign.  *All notices will be sent to the postal address of the first named person/company in the Victorian Water Register.* | | |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Dated: \_ \_ / \_ \_ / \_ \_ | | |

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| **additional TRANSFEREES(S) (buyers) details** | | |
| Please print name(s) in full and capital letters. All registered owners of the land must sign.  *All notices will be sent to the postal address of the first named person/company in the Victorian Water Register.* | | |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Given Name(s): | Surname: | Signature: |
| Postal Address: | | Phone number: |
| Dated: \_ \_ / \_ \_ / \_ \_ | | |

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| **TO BE COMPLETED IF APPLICANT IS A COMPANY** | | | |
| ***A current company extract (not older than 12 months) needs to be provided.***  *All notices will be sent to the postal address of the first named person/company in the Victorian Water Register.* | | | |
| Name of Company: | | | phone |
| Postal Address: | | Transferor (seller)  ❑ | Transferee (buyer)  ❑ |
| **Dated: \_ \_ / \_ \_ / \_ \_** | e-mail: | | |
| Given Name(s): | Surname: | Signature: | Position: |
| Given Name(s): | Surname: | Signature: | Position: |