



APPLICATION KIT FOR AMALGAMATION OF A GROUNDWATER OR SURFACE WATER LICENCE

**THIS KIT IS REQUIRED WHEN APPLYING FOR AMALGAMATION OF AN EXISTING
GROUNDWATER OR SURFACE WATER LICENCE.**

**IT MUST BE COMPLETED AND RETURNED INTACT WITH THE APPLICATION FEE AND
SUPPORTING DOCUMENTATION AS PER THE CHECKLIST OVERLEAF.**

Application for Amalgamation of a Groundwater or Surface Water Licence CHECKLIST

This checklist must be completed and returned as part of the Application to:
Goulburn-Murray Water, PO Box 165, or 40 Casey Street, TATURA, VIC, 3616.
PH: (03) 5833 5500 FAX (03) 5824 5815

Office Use Only	Provided/ Complete	N/A to this Application	Applicants name:
<input type="checkbox"/>	<input type="checkbox"/>		The Application has been completed, signed, and is attached. (If there are more than two licenses to be amalgamated please photocopy the Application and include these on the copy).
<input type="checkbox"/>	<input type="checkbox"/>		<p>A copy of the current Certificate of Title/s (Registered Search Statement & plan) produced within the last three months or Notice of Acquisition/ Disposition for all land/s.</p> <p>** A copy of title can be obtained from the Titles Office via the internet at www.land.vic.gov.au.</p> <p>The Corporation can obtain a Registered Search Statement (Copy of Title) on your behalf, please tick the box which is applicable:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the number of titles required: I require (title/s) at a cost of \$45.00 per title \$.....</p> <p>Please note: A copy of Rates Notice will not be accepted.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A copy of the current company extract (not more than three months old) if licensee is a Company</p> <p>** A copy of your Company extract can be obtained from your solicitor or via the internet at www.asic.gov.au</p> <p>The Corporation can obtain a Company Extract on your behalf, please tick the box which is applicable:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The cost of the Company Extract is \$45.00</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Statutory Declaration has been completed, signed, witnessed and is attached.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The current licence documents are attached (if available)
<input type="checkbox"/>	<input type="checkbox"/>		Payment of any overdue charges. Please ring Accounts Receivable on (03) 5833 5500 to confirm charges or to obtain an Information Statement.
<input type="checkbox"/>	<input type="checkbox"/>		Payment of the Application Fee of \$_____ is attached. (Please see G-MW's fee schedule for the relevant fee)

Please note: Failure to supply Goulburn-Murray Water with all of the above requirements will result in return of your application. Applicants should also note that once an application is lodged, a refund will not be provided should you choose not to proceed.

I declare and acknowledge that I have submitted the attached application in its entirety in accordance with the above checklist. I further acknowledge that if the application is incomplete it will be returned and will not be considered lodged with Goulburn-Murray Water.

Signature: Date:

Print name:

Position:

Office Use Only	
Lodgement Officer signature:	Date:

Application for Amalgamation of a Groundwater or Surface Water Licence APPLICATION FORM

1. Please indicate the type of Licenses to be amalgamated

Groundwater Licence

Surface Water Licence

2. Current Licensee(s) details No. 1

Groundwater or Surfacewater Licence No:

.....

Surname:

Given names:

Postal address:

..... Postcode:

Telephone number: Mobile number:

Fax number: Email:

3. Current Licensee(s) details No. 2

Groundwater or Surface Water Licence No:

.....

Surname:

Given names:

Postal address:

..... Postcode:

Telephone number: Mobile number:

Fax number: Email:

4. Amalgamated Licensee(s) details

Details of the new Licensee(s) after amalgamation are to be provided.

Surname:

Given names:

Postal address:

..... Postcode:

Telephone number: Mobile number:

Fax number: Email:

5. Description of land on which the bore(s)/ service point(s) are located and water to be used

Applicants must provide land details for all lands to be included on the amalgamated licence.

Please Note: This is a mandatory requirement

Property address:

Volume: Folio:

Lot Number: Plan No:

Crown Allotment/s: Section:

Parish:

6. Requested volume

Applicants must provide proposed volumes for the amalgamated licence.

Bore/Diversion Point No:	Extraction rate (ML/Day):	Annual volume ML/year:	Use type:

Total Annual Volume:ML (Must equal the total of the original Licenses).

7. Current Licensee(s) No. 1 declaration

I tender this information to you in the knowledge that it is factual. I am fully aware that it is an offence to supply false or misleading information to Goulburn-Murray Water.

Signature of applicant/s: Date:

Printed name/s:

If the name of the applicant is a Company name please provide the following details:

ACN No.:

Position (e.g. Director, Secretary):

Please note: All person/s listed as the applicant must sign the application. If any person executes the document on behalf of another person or party, they must provide evidence of their authorisation. If the applicant is a Company name, evidence must be provided that the person (s) has authority to sign on behalf of the Company. (e.g. A current Company Search not more than three months old).

8. Current Licensee(s) No. 2 declaration

I tender this information to you in the knowledge that it is factual. I am fully aware that it is an offence to supply false or misleading information to Goulburn-Murray Water.

Signature of applicant/s: Date:

Printed name/s:

If the name of the applicant is a Company name please provide the following details:

ACN No.:

Position (e.g. Director, Secretary):

Please note: All person/s listed as the applicant must sign the application. If any person executes the document on behalf of another person or party, they must provide evidence of their authorisation. If the applicant is a Company name, evidence must be provided that the person (s) has authority to sign on behalf of the Company. (e.g. A current Company Search not more than three months old).

9. Amalgamated Licensee(s) declaration

I tender this information to you in the knowledge that it is factual. I am fully aware that it is an offence to supply false or misleading information to Goulburn-Murray Water.

Signature of applicant/s: Date:

Printed name/s:

If the name of the applicant is a Company name please provide the following details:

ACN No.:

Position (e.g. Director, Secretary):

Please note: All person/s listed as the applicant must sign the application. If any person executes the document on behalf of another person or party, they must provide evidence of their authorisation. If the applicant is a Company name, evidence must be provided that the person (s) has authority to sign on behalf of the Company. (e.g. A current Company Search not more than three months old).

The ABN of Goulburn Murray Water is 46 761 336 846. This document becomes a Tax Invoice upon payment. Please retain a copy of this form for your own Taxation records.

**Application for Amalgamation of a
Groundwater or Surface Water Licence
STATUTORY DECLARATION -
SINGLE FARMING & FINANCIAL ENTERPRISE**

Important Note: This Statutory Declaration needs to be completed where the licensed land is operated as a single farming and financial enterprise.

I / We

Of

in the State of Victoria do solemnly and sincerely declare that that the lands described below are owned and operated as a single farming and financial enterprise.

PROPERTY DESCRIPTION

Groundwater or Surface Water Licence No.	Lot No.	Plan No.	Crown Allotments	Section	Parish

AND I/We make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of the Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

Declared at in the State of Victoria this
..... day of Two Thousand and

Applicant/s Signature/s

Before Me (Authorised persons signature**)

Print Name:

Position:

(** Position of person authorised to witness Statutory Declaration – see following list of authorised persons)

PERSONS AUTHORISED TO WITNESS STATUTORY DECLARATIONS

Persons authorised to witness statutory declarations are:

- A Justice of the Peace or a Bail Justice
- A Notary Public
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor
- The Prothonotary or a Deputy Prothonotary of the Supreme Court
- The Registrar or a Deputy Registrar of the County Court
- The Principal Registrar of the Magistrates court
- The Registrar or a Deputy Registrar of the magistrates' court
- The Registrar of Probates or an Assistant Registrar of Probates
- The Associate to a Judge of the Supreme Court or of the County Court
- The Secretary of a Master of the Supreme Court or of the County Court
- A person registered as a Patent Attorney under Part XV of the Patents Act 1952 of the Commonwealth
- A fellow of the Institute of Legal Executives (Victoria)
- A member of the Police force
- The Sheriff or a Deputy Sheriff
- A member or former member of either House of the Parliament of Victoria
- A member or former member of either House of the Parliament of the Commonwealth
- A councillor of a municipality
- A town clerk or shire secretary
- A legally qualified medical practitioner
- A dentist
- A veterinary surgeon
- A pharmacist
- A principal in the teaching service
- The manager of a bank
- A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- The Secretary of a building society
- A minister of religion authorised to celebrate marriages
- A person who holds an office in the public service (of Victoria) that is prescribed as an office of which the holder may witness statutory declarations

CREDIT CARD PAYMENT FORM

To pay by Credit Card please complete and return with your application to:

Goulburn-Murray Water
PO Box 165
TATURA VIC 3616

or fax to (03) 5824 5815

Applicant/ Company name:

Amalgamation of a Groundwater or Surface Water Licence - Service No. (if applicable)

CREDIT CARD DETAILS

Please tick appropriate card (✓):

Bankcard

MasterCard

Visa

Card No

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Expiry date _____

Total \$ _____

Cardholder's name

Cardholder's signature

This page is destroyed by Goulburn-Murray Water after the Credit Card transaction has been processed.