

# Application to Permanently Transfer Delivery Share

Form 36

Application Number
<b>DST</b>
Office use only

## Delivery Share Details of Transferors (Sellers)

This application is made for and on behalf of the landowners whose names appear below. The Rate and Determined Flow Rate requested is dependent on there being sufficient capacity in the delivery system.

### To be completed by Transferors (Sellers):

#### Delivery Share Number

D	S	E						
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1 Enter requested Rate changes

**Current Rate (ML/Day)**

**Rate to be transferred (ML/Day)**

**Rate remaining after transfer (ML/Day)**

2 List Service Points, current Rate and Determined Flow Rate (ML/Day), and requested Rate and Determined Flow Rate (ML/day) after transfer

	<b>Service Point Number</b>	<b>Current Rate (ML/Day)</b>	<b>Requested Rate after transfer (ML/Day)</b>	<b>Current Determined Flow Rate (ML/Day)</b>	<b>Requested Determined Flow Rate after transfer (ML/Day)</b>
i	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ii	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iii	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iv	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
v	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
vi	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
vii	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3 Please print name in full and in capital letters. All registered owners of the relevant land must sign, if there are more than four owners or the owner is a company, please ensure that the attached annexure is also completed. All correspondence will be sent to the nominated postal address.

	<b>Given Name(s)</b>	<b>Surname</b>	<b>Signature</b>
i.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ii.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iii.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iv.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date:  DD  MM  YY

**Postal Address:**

**Protecting your privacy**  
 Goulburn-Murray Water (G-MW) protects your privacy by collecting and handling your personal information in accordance with the requirements of the Privacy and Data Protection Act 2014. Your personal information is collected on this form under the provisions of the Water Act 1989 and will be used for the purpose of administering this application and updating the Victorian Water Register. Information collected on this form may be made publicly available via the Victorian Water Register. You may apply to G-MW to restrict public access to all or some of your personal information. Information collected is usually disclosed to staff involved in processing your application, Connections Project staff, contractors and other relevant G-MW staff. Failure to provide the information sought may result in processing delays or non acceptance of your application. It may also limit our ability to be able to provide various programs or services. You may gain access to and correct your personal information. For further information please refer to our Privacy Policy at [www.g-mwater.com.au](http://www.g-mwater.com.au) or call 5826 3500 to obtain a copy of this policy. DM# 2987251

# Delivery Share Details of Transferees (Buyers)

**To be completed by Transferees (Buyers):**

**Delivery Share Number**

D	S	E							
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4 Enter requested Rate changes

<b>Current Rate (ML/Day)</b>	<b>Rate to be transferred (ML/Day)</b>	<b>Rate remaining after transfer (ML/Day)</b>

5 List Service Points, current Rate and Determined Flow Rate (ML/Day), and requested Rate and Determined Flow Rate (ML/day) after transfer

	Service Point Number	Current Rate (ML/Day)	Requested Rate after transfer (ML/Day)	Current Determined Flow Rate (ML/Day)	Requested Determined Flow Rate after transfer (ML/Day)
i					
ii					
iii					
iv					
v					
vi					
vii					

6 Please print name in full and in capital letters. All registers owners of the relevant land must sign. If there are more than four owners or the owner is a company please ensure that the attached annexure is also completed. All correspondence will be sent to the nominated postal address.

	Given Name(s)	Surname	Signature
i.			
ii.			
iii.			
iv.			

Date: DD MM YY

**Postal Address:**

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**Lodging Party (If Applicable)**

9 To be used if a third party assisted in coordinating the application.

Given Name(s)

Surname/ Company Name

Postal Address:

Ph No:

Lodging Party ID:

P	T	Y							
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**Annexure: Name and Signatures of Transferors (Sellers)**

Given Name(s)

Surname

Signature

i.

ii.

iii.

iv.

Date:

DD

MM

YY

Postal Address:

Given Name(s)

Surname

Signature

i.

ii.

iii.

iv.

Date:

DD

MM

YY

Postal Address:

**To be completed if Company is Transferor (Seller)**

Name of Company

ABN

Postal address:

Given Name(s)

Surname

Signature

Position

Date:

DD

MM

YY

Phone Number:

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**Annexure: Name and Signatures of Transferees (Buyers)**

	Given Name(s)	Surname	Signature
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii.	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii.	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

Postal Address:

	Given Name(s)	Surname	Signature
i.	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii.	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii.	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

Postal Address:

**To be completed if Company is Transferees (Buyers)**

Name of Company	ABN
<input type="text"/>	<input type="text"/>

Postal address:

Given Name(s)	Surname	Signature	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

Phone Number:

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