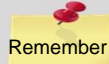


Water Licence Customer Data Verification (Partnership / Joint Venture)

This form is used to verify the Partnership/Joint Venture contact details in relation to water licences that are managed by the Department of Primary Industries, Parks, Water & Environment (DPIPWE).

Information provided on this form will be used for personal, email or telephone contact and for the service of all official documents and any correspondence relating to the water licence/s.



Remember

This form must be completed in full.

Please return this form to Water Management Branch, PO Box 44, HOBART TAS 7001.

This form may only be used to verify **existing customer** information. If you wish to vary your water licence (e.g. transfer ownership or add an additional partner) please phone your local Regional Water Management Officer on 1300 368 550 for advice on how to proceed.

COMPLETING THIS FORM

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue ballpoint pen only
- Place X in ALL applicable boxes:
- **Sign and date at the end of the form (each member)**

Personal Information and Privacy Statement

Personal information will be collected from you for the purpose of managing Tasmania's water resource and will be used by DPIPWE for purposes permitted by the *Water Management Act 1999* and regulations made under this Act.

Under the *Water Management Act 1999*, a person must not furnish information to the Minister, a water entity or an authorised officer that is false or misleading in a material particular.

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Water & Marine Resources Division, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to DPIPWE.

SECTION A: Water Licence details

1. What is your Water Licence Number?

Located at the top right hand corner of your licence.

2. What is the name on your Water Licence?

Located at the top left hand corner of your licence.

SECTION B: Partnership / Joint Venture Details

3. What is your Trading Name? (if applicable)

4. What is the ABN number of the Partnership / Joint Venture (if applicable)?

Australian Business Number (ABN) is a unique 11 digit identifier issued to all entities registered in the Australian Business Register (ABR).

5. What is the postal address of the Partnership?

This is the address that all correspondence for this partnership / joint venture will be sent to. Enter the details as you would want it to appear on an envelope addressed to you.

Your Partnership / Joint Venture street address will appear on the water licence.

Street number and name / PO Box

Suburb / town / locality

State / territory

Postcode

Country if other than Australia

SECTION C: Membership Details

6. Who are the members of this Partnership / Joint Venture?

Member 1:

What is your name?

Please provide your full name as it would appear on a passport or drivers licence.

Title Mr Mrs Miss Ms Other

Family name

Given name/s

Gender: M F

What is your date of birth?

This date is used to distinguish the identity of customers.

What is your residential address?

This must be a street address, for example, 9 SUNSHINE ROAD, RICHMOND TAS 7025. This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Street number and name

Suburb / town / locality

State / Territory Postcode

Country if other than Australia

Contact Details

Daytime phone number

Mobile phone number

Facsimile

Email Address

I declare that the information given on this form is true and correct.

Signature

Date

Member 2:

What is your name?

Please provide your full name as it would appear on a passport or drivers licence.

Title Mr Mrs Miss Ms Other

Family name

Given name/s

Gender: M F

What is your date of birth?

This date is used to distinguish the identity of customers.

What is your residential address?

This must be a street address, for example, 9 SUNSHINE ROAD, RICHMOND TAS 7025. This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Street number and name

Suburb / town / locality

State / Territory Postcode

Country if other than Australia

Contact Details

Daytime phone number

Mobile phone number

Facsimile

Email Address

I declare that the information given on this form is true and correct.

Signature

Date

Member 3:**What is your name?**

Please provide your full name as it would appear on a passport or drivers licence.

Title Mr Mrs Miss Ms Other

Family name

Given name/s

Gender M F

What is your date of birth?

This date is used to distinguish the identity of customers.

What is your residential address?

This must be a street address, for example, 9 SUNSHINE ROAD, RICHMOND TAS 7025. This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Street number and name

Suburb / town / locality

State / territory

Postcode

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country if other than Australia

Contact Details

Daytime phone number

Mobile phone number

Facsimile

Email Address

I declare that the information given on this form is true and correct.

Signature

You must sign here

Date

Member 4:**What is your name?**

Please provide your full name as it would appear on a passport or drivers licence.

Title Mr Mrs Miss Ms Other

Family name

Given name/s

Gender M F

What is your date of birth?

This date is used to distinguish the identity of customers.

What is your residential address?

This must be a street address, for example, 9 SUNSHINE ROAD, RICHMOND TAS 7025. This cannot be a post office box number, roadside mail bag, roadside delivery or other delivery point address.

Street number and name

Suburb / town / locality

State / territory

Postcode

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country if other than Australia

Contact Details

Daytime phone number

Mobile phone number

Facsimile

Email Address

I declare that the information given on this form is true and correct.

Signature

You must sign here

Date