

POMONA IRRIGATION TRUST

**Application for
Internal Permanent Transfer of
Irrigation Right Share & Water Delivery Right**

NEW SOUTH WALES

1. Operator's details

Name: Pomona Irrigation Trust
Address: 24 Pump Road, Pomona, Via Wentworth NSW 2648
Postal address: PO Box 311, Wentworth NSW 2648
ABN: 68 538 782 846
Contact person: Cathryn Dawes Position held: Secretary
Telephone: 03 5027 3526 Telephone/Fax: 03 5027 3682
Email: pomonait@bigpond.com

2. Transferor Applicant 1 Details

Note: If the Water Delivery Right is held jointly by two or more persons, each person must be named as an applicant and each person must sign the application. The applicant's details must be identical to the details on the contract or right which is being terminated.

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

Lot and DP number of landholding which the Water Delivery Right is to be transferred from:

Lot and DP number of landholding which the Water Delivery Right is to be transferred to:

Initials of all applicants:

POMONA IRRIGATION TRUST

Transferor Applicant 2 Details

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

Transferor Applicant 3 Details

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

Transferor Applicant 4 Details

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

Initials of all applicants:

POMONA IRRIGATION TRUST

Transferee Applicant 1 Details

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

Transferee Applicant 2 Details

Mr/Mrs/Ms _____ Given name: _____ Surname: _____

Company name (if applicable) _____

ACN (if applicable) _____

Position held (if applicable) _____

Address: _____

Email _____

Telephone (A/H): _____ (B/H): _____

Mobile: _____ Fax: _____

3. Number of Water Shares & Water Delivery Rights to be Transferred

Number of Water Shares & Water Delivery Rights applicable to the landholding: _____

Irrigation Right Share Certificate No: _____

Type: HS / GS
(Please circle applicable)

Number sought to be Transferred: _____

Number remaining after Transfer: _____

Initials of all applicants:

POMONA IRRIGATION TRUST

Transferors

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date

Transferees

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date

Pomona Irrigation Trustees

_____	_____	_____
Chairperson Name	Signature	Date
_____	_____	_____
Trustees Name	Signature	Date
_____	_____	_____
Trustees Name	Signature	Date

Initials of all applicants: