



Harvey Water

## APPLICATION TO AMALGAMATE TRANSFERABLE WATER ENTITLEMENT (TWE)

Use this form when you **AMALGAMATE** two or more Transferable Water Entitlements (TWEs). This will be your *Notice To Amalgamate* to Harvey Water.

**DO NOT** use this form to *temporarily* transfer TWE, nor permanently transfer TWE to another entity

### Why do I need to fill out this form ?

Harvey Water needs to know who its customers are at all times and who has the rights to receive water.

This form provides Harvey Water with information that:

- You want to amalgamate your TWE
- You have the authority to carry out these transactions
- There are no impediments to the amalgamation which Harvey Water should know about

### Is there anything else I should know ?

- All parties must agree to amalgamate the TWE's
- Parties must nominate a legal entity which will agree to accept the invoices and pay the charges
- Parties must agree to their joint and several liability for the debt in the event of a default in payment
- TWE cannot be amalgamated if there are any outstanding fixed or consumption charges owed to Harvey Water.
- Water consumption and fixed charges will be charged to the NOMINATED entity responsible for payment.
- TWE cannot be amalgamated between districts
- An administrative fee will apply if and when parties apply to separate a amalgamated arrangement.
- **An administrative fee of \$15.00 must be lodged along with the application form.**



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**This form is to be used to AMALGAMATE  
Transferable Water Entitlement's (TWE's)**

The Shareholder(s) by their signature(s) below apply to the South West Irrigation Cooperatives to **AMALGAMATE** the Transferable Water Entitlements (TWE's) described in this application, and nominate the following entity on the second page of this application to be responsible for all accounts relating to the amalgamated TWE's.

NAME: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_ P/CODE \_\_\_\_\_

Signature of Shareholder(s) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

TWE Number \_\_\_\_\_ Number of Megalitres \_\_\_\_ Lot Nos. \_\_\_\_\_

Supply Point Numbers: \_\_\_\_\_

NAME: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_ P/CODE \_\_\_\_\_

Signature of Shareholder(s) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

TWE Number \_\_\_\_\_ Number of Megalitres \_\_\_\_ Lot Nos. \_\_\_\_\_

Supply Point Numbers: \_\_\_\_\_



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NAME: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_ P/CODE \_\_\_\_\_

Signature of Shareholder(s) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

TWE Number \_\_\_\_\_ Number of Megalitres \_\_\_ Lot Nos. \_\_\_\_\_

Supply Point Numbers: \_\_\_\_\_

NAME: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_ P/CODE \_\_\_\_\_

Signature of Shareholder(s) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

TWE Number \_\_\_\_\_ Number of Megalitres \_\_\_ Lot Nos. \_\_\_\_\_

Supply Point Numbers: \_\_\_\_\_

NAME: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
\_\_\_\_\_ P/CODE \_\_\_\_\_

Signature of Shareholder(s) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

TWE Number \_\_\_\_\_ Number of Megalitres \_\_\_ Lot Nos. \_\_\_\_\_

Supply Point Numbers: \_\_\_\_\_



# Harvey Water

Person(s) responsible for the payment of the following AMALGAMATED TWE numbers

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Name: \_\_\_\_\_

PLEASE PRINT

Postal Address: \_\_\_\_\_

\_\_\_\_\_ P/CODE \_\_\_\_\_

Responsible TWE Number [\_\_\_\_\_]

SIGNATURE of Responsible Party(s):

\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

WITNESS: \_\_\_\_\_

Please Print Name

WITNESS SIGNATURE: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



Harvey Water

### STATUTORY DECLARATION

I/We \_\_\_\_\_ [Transferor(s)]

Of \_\_\_\_\_

In the state of WESTERN AUSTRALIA do hereby solemnly and sincerely declare that:

- 1. I/We are the owners of TWE's \_\_\_\_\_ in the attached application to amalgamate the Transferable Water Entitlements.
- 2. 2.1 I/We declare that there are no other parties having any registered or unregistered interest in the Corresponding Water Entitlement.

2.2 I/We declare that the undermentioned parties hold the following interests in the Transferable Water Entitlements Number \_\_\_\_\_:

Party	Interest
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*(PLEASE DELETE EITHER 2.1 OR 2.2, WHICHEVER IS NOT APPLICABLE)*

- 3. I/We have all the necessary authority to amalgamate Transferable Water Entitlements described in the application, and have obtained all the necessary consents for all the parties (if any) interested in the Transferable Water Entitlements.
- 4. A true copy of every document evidencing contractual and other arrangements between the Amalgamate Entities to the Application relevant to it are annexed to this declaration.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNED: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MADE and DECLARED at .....]

This ..... day of .....200 ]

Before me:

\_\_\_\_\_



# Harvey Water

## Procedure to Amalgamate TWE's

PAPERWORK GIVEN OUT \_\_\_ / \_\_\_ / \_\_\_      APPLICATION RECEIVED \_\_\_ / \_\_\_ / \_\_\_

TWE's to be Amalgamated (Shareholders Name)	TWE Numbers				Share Reg #

Name of Person(s) Responsible for the accounts	Responsible TWE number			

TWE	Determine Ownership of TWE's (Owner / Lessee)	Determine Financial Status (Paid / O/S)	O/S Monies Received (Yes / No / N/A)	Application Received and completed in full (Yes / No)	Statutory Declaration Received and completed (Yes / No)	Admin Fee \$15 Paid / Invoiced
						Invoice Number

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Administration Officer

### APPROVAL TO PROCEED WITH AMALGAMATION

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

General Manager

### FINAL APPROVAL

APPROVED \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

General Manager

REASONS FOR NON APPROVAL \_\_\_\_\_




# Harvey Water

TWE	S/P #'s	Amalgamated TWE Number	Share Transfer Completed	Amalgamation completed in BILL

Letter of result forwarded (C:\MyDocuments\Amalgamated Confirmation Letter.doc)

File Note inserted in each file (C:\MyDocuments\Filenote.doc)

Data enter info in access for reporting  
(Public on Fserver (G:)\Customer Service/ Amalgamate.mdb)

 \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Administration Officer