

**Department of Primary Industries Parks Water and
Environment**
**Application to Record a Nominated Natural Person on behalf of
a Joint Client or Partnership**

Use this form to notify DPIPWE of the identity of the members of a joint client (group of individuals) that holds or intends to apply for a water licence or dam works permit.

This form should also be used to set out who of the members is able to act on behalf of the joint client when dealing with DPIPWE in relation to licences or permits administered under the *Water Management Act 1999*.

A Nominated Natural Person is the term used by the Water Resources Division of DPIPWE for the person authorised to act on behalf of a joint client or group of individuals when dealing with DPIPWE in relation to licences or permits administered under the Water Management Act 1999.

In most instances it is more convenient to allow one person to act on behalf of the joint client or partnership without the need for counter signatories. However, some joint clients may be structured or prefer to require all members to sign documents that affect the assets of the joint client.

In the form below, tick the Authorised Signatory box next to the person you wish to act as the Nominated Natural Person on behalf of the joint client.

If you wish for more than one signature to be required then tick the boxes for all members whose signatures **must** be obtained for any future dealings with the Department in relation to water licences or dam works permits.

If there are more than four members of the Joint Client then print off additional pages as required and complete and submit these additional pages.

Submit the completed form

There are two options for submitting the completed Notice of Intent form, you may either;

- Post the completed form to:
DPIPWE, Water Management & Assessment Branch, PO Box 44, Hobart TAS 7001
or
- email the completed form to water.enquiries@dipwe.tas.gov.au

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 DPIPWE, 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.



**APPLICATION TO RECORD A NOMINATED NATURAL PERSON
ON BEHALF OF A JOINT CLIENT**

(This form is effective from 1 July 2023 to 30 June 2024)

Section 1: Details of Joint Clients or Partnership

Full Name of Joint Clients or Partnership:
ABN: (if applicable).....
Postal Address: **Postcode:**
Street Address: **Postcode:**
Phone No: (Home/ Business): **(Mobile):**

Section 2: Details of Members

Full Name of Member 1:
Date of birth: **ABN** (if applicable): **ACN** (if applicable):
Postal Address: **Postcode:**
Residential Address: **Postcode:**
Contact Phone No: **Email:**.....
I declare that the information given is true and correct: **Authorised Signatory:**

Full Name of Member 2:
Date of birth: **ABN** (if applicable): **ACN** (if applicable):
Postal Address: **Postcode:**
Residential Address: **Postcode:**
Contact Phone No: **Email:**.....
I declare that the information given is true and correct: **Authorised Signatory:**

Full Name of Member 3:
Date of birth: **ABN** (if applicable): **ACN** (if applicable):
Postal Address: **Postcode:**
Residential Address: **Postcode:**
Contact Phone No: **Email:**.....
I declare that the information given is true and correct: **Authorised Signatory:**

Full Name of Member 4:
Date of birth: **ABN** (if applicable): **ACN** (if applicable):
Postal Address: **Postcode:**
Residential Address: **Postcode:**
Contact Phone No: **Email:**.....
I declare that the information given is true and correct: **Authorised Signatory:**