



TWE POOLING APPLICATION FORM

When do I use this form?

Use this form when you **POOL** two or more Transferable Water Entitlements (TWEs).

When you do this the shares allocated to your TWE will remain as originally allocated. This will be your Notice of Pooling to Harvey Water.

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

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

Is there anything else I should know ?

- All parties must be shareholders of the Harvey Water Cooperatives
- All parties must agree to the pooling
- All parties must nominate a legal entity which will agree to accept the invoices and pay the charges
- All parties must agree to their joint and several liability for the debt in the event of a default in payment
- All parties must agree to separate TWE at a later date if required
- TWE cannot be pooled if there are any outstanding fixed or consumption charges owed to Harvey Water by either party.
- Water consumption and fixed charges will be charged to the NOMINATED entity responsible for payment. If in default of payment all parties will be responsible for the account.
- TWE cannot be pooled between districts
- An administrative fee will apply if and when parties apply to separate a pooling arrangement.
- **An administrative Fee of \$15.00 must be lodged along with the application form**



THIS FORM IS TO BE USED FOR THE POOLING OF TRANSFERABLE WATER ENTITLEMENT (TWE)

The Shareholders(s) by their signature(s) below apply to the South West Irrigation Cooperatives for the **POOLING** of 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 pooled 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: _____



Harvey Water

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

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 POOLED TWE numbers

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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 for pooling of 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 |
|-------|----------|
|-------|----------|

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

- 3. I/We have all the necessary authority to pool 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 Pooling Entities to the Application relevant to it are annexed to this declaration.

SIGNED: _____ Date: ____ / ____ / ____

SIGNED: _____ Date: ____ / ____ / ____

MADE and DECLARED at]
 This day of200]
 Before me:]



Harvey Water

INFORMATION ONLY

Make sure that the person who witnesses your Statutory Declaration is qualified to be a witness

On 1 January 2006 the Parliament of Western Australia proclaimed the *Oaths, Affidavits and Statutory Declarations Act 2005* which makes changes to the manner in which oaths, affidavits and statutory declarations are administered and witnessed.

Under the new legislation more than 40 occupational groups are able to witness statutory declarations, including teachers, engineers, doctors and public servants. This change means the role of commissioner for declarations will no longer exist.

Professions that can now witness statutory declarations include:

| | |
|--|---|
| <ul style="list-style-type: none"> • Academics - University faculties • Architects • Australian Consular Officers • Australian Diplomatic Officers • Auditors and liquidators • Bank Managers • Chartered Secretaries • Chemists • CPA and Chartered accountants • Chiropractor • Defence Force Officer • Dentist • Doctors • Electoral Registrars • Engineers • Industrial organization secretaries • Insurance brokers • Justice of the Peace • Lawyers • Local government CEO's and Deputy Chiefs • Local government councillors • Loss adjusters | <ul style="list-style-type: none"> • Marriage celebrants • Members of Parliament • Minister of Religion • Nurses • Optometrists • Patent Attorney • Physiotherapists • Podiatrists • Police officer • Post Office Managers • Psychologist • Public notary • Public Servants (Commonwealth) • Public Servants (State) • Real Estate Agents • Settlement agents • Surveyor • Teachers • Veterinary surgeons • WA Police Service |
|--|---|



Harvey Water

Procedure for the Pooling of TWE's

PAPERWORK GIVEN OUT ___ / ___ / ___ APPLICATION RECEIVED ___ / ___ / ___

| TWE's to be Pooled (Shareholders Name) | TWE Numbers | | | |
|--|-------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 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 POOLING

_____ Date: ___ / ___ / ___
General Manager

FINAL APPROVAL

APPROVED _____ Date: ___ / ___ / ___
General Manager

REASONS FOR NON APPROVAL _____



Harvey Water

| TWE | Pooling completed in BILL | New Pooling TWE Number |
|-----|---------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

- Letter of result forwarded (C:\MyDocuments\POOLED CONFIRMATION LETTER.doc)
- File Note inserted in each file (C:\MyDocuments/Filenote.doc)
- New Pooling File Completed
- Date enter info in access for reporting (Public on Fserver (G:)\Customer Service/ Pooling.mdb)

_____ Date ____/____/____
Administration Officer