

Registration of Water Use Water Use under the Area Operated and Controlled by a Bulk Water Supplier, A Water Management Institution (WMI) or from A Communal Scheme.												Α										
	Name of Water Management Institution:																					
			WN	/II Re	gister	Num	ber										1					
							r WMI Register Number															
1. REGISTERED PROPERTY																						
Name of Property where water use	takes plac	e (farm	, stan	d or c	ommu	nity)																
Farm/Property Number	Portion of	Proper	ty																			
Total Hectare(s) (Ha)																						
SG Cadastral Code																						
UNSURVEYED PROPERTY											-				-					-		
Name of Property where water use	takes plac	e (farm	, stan	d or c	ommu	nity)																
				-							_				-			i.	-	_		
Leader Surname															Ini	tials						
Local Authority type																						
Magisterial district																						
Tribal Authority																						
Province																						
Total Hectare(s) (Ha)																						
2. DETAILS OF THE WATER USER																						
2.1 Nature of the Water User (Mark on	y one bloc	k with )	<)																			
Individual Company*	Na	tional G	Sovernment						Provi	ncia	I Gov	/ernn	nent		Other							
Description of other																						
Identification Number (if applicable	) *												-		-	-	_		-	-	1	
2.2															M							
											,											
			_				_															
2.3 If the Water User is an individual																						
Initials	Titl	e					Ger	der	-	I	Male		Fe	male	-		0	ther	1			
Full Names																						
Surname																						
Population Group Black	Co	loured		India	ın		Whi	te														
2.4 If the Water User is a company*:																						
Trading name if applicable and diffe	erent from	name o	of con	npany	, busir	iess,	or par	tners	hip													
Date established Y Y Y Y	M M	D D																				
Country where established																						
Business Registration Number																						
VAT Registration Number																						

																						DVVO	12	
2.5	Contact Details																							
	e-mail Address																							
	Postal Address																							
																	Po	stc	ode					
St	reet Address (only if different from postal ac																							
C	ell Number					Fax N	lumb	er																
3. AU	THORISATION TYPES																							
3.1	Name of Authorisation (Mark only one blo	ock with X)													i					İ				
	License General Authorisation		Existing Lawful Water Use								_				Ur	ver	ifie	fied						
	Signed Date of the Authorisation																				-			
Valid Date of the License/General Authorisation (Number of Years)																								
3.2 Irrigatable hectares (ha)																								
3.3	Total Volume (m3/a)			Schedule Quota																				
3.4	Resource Type (Mark only one block with	X)																						
	Surface Water Use (River/Stream, Schem	ne etc.)		Ground Water Use (Borehole)																				
If Groundwater Use is selected, please provide Register Number, if different from surface Water Use:																								
4	CROP INFORMATION																							
						Dio	otin a	Doto	4 4 4 4 4 4 4 4															
4.1	Crop Name(s) (List All Crops) Crop I				Planting Date															_				
	Crop II																				_			
	Crop III																							_
4.2	Name of Irrigation System:									1			-			1		1	1	1				
										<u></u>														
	CLARATION BY APPLICANT																							
5.1	Surname of registered * / delegated * per-	son (* delete w	hicheve	er is no	ot ap	plicat	ole	- 1	-	-														
				ļ																				
	Initials	Tittle		ID	1																			
5.2	Position or official status																							
<b>5</b> 0	Lide days that the Safarasa Consum Standard																							
5.3	I declare that the information provided by	me is true and	correct																					
Signa	ture		Date							Thum			f											
			V V V V M M D D							requested														
		1 1	Y Y Y Y M M D D																					
		FOR (	OFFICI	AL US	SE O	NLY																		
File	number																							
	ceived																							
Su	name																							
Ra	nk																							
Sig	nature																							
	Aturad																							
<b>ل</b>	otured																							
Init	als																							
			Date	e stam	p of	recei	ving d	office	╝.															
Requ	Date stamp of receiving office  Required supporting documentation to be submitted with application form checklist																							

Vat Reg certificate

Business registration certificate

ID copy

Tittle deed