

Registration of Water Use Water Use under the Area Operated and Controlled by a Bulk Water Supplier, Water Management Institution (WMI) or from A Communal Scheme.											Α										
	Name of Water Management Institution:																				
	WMI Register Number																				
			Water User under 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	overr	nment					Provi	ncia	I Gov	/ernn	nent			Otl	her				
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																					

																						DVVC	12	
2.5	Contact Details																							
	e-mail Address																							
	Postal Address																							
																Po	stc	ode						
St	reet Address (only if different from postal ac	ldress)																						
C	ell Number					Fax N	lumbe	er																
3. AU	THORISATION TYPES																							
3.1	Name of Authorisation (Mark only one blo	ock with X)																						
	License General Authorisation	· · · · · · · · · · · · · · · · · · ·	Existing Lawful Water Use												Ur	ver	erified							
	Signed Date of the Authorisation																							+
	Valid Date of the License/General Authorisation (Number of Years)												+											
3.2 Resource Type (Mark only one block with X)													+											
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										Use) <i>:</i>											-		
4	CROP INFORMATION																							
	Crop Name(s) (List All Crops)					Dio	atin a	Doto																
4.1	Crop I					Flai	nting	Dale																_
	Crop II																				-			
	Crop III																							_
4.2	Name of Irrigation System:									1 1	1		-			1		1		1	1			-
								$\underline{\perp}$	<u></u>										<u>_</u>				<u>_</u>	<u>_</u>
	CLARATION BY APPLICANT																							
5.1	Surname of registered * / delegated * per	son (* delete w	hichev	er is n	ot ap	plicat	ole																	
	Initials	Tittle		ID)																			
5.2	Position or official status																							
5.3	I declare that the information provided by	me is true and	correct																					
Signa	ture			Date	е					hum			f											
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								requested														
		YY	Y Y Y Y M M D D																					
		FOR (OFFIC	IAL US	SE O	NLY																		
File	number																							
Re	ceived																							
Su	name																							
Ī																								
Ra	ok																							
Sig	nature																							
ل	otured																							
Init	als																							
			Dat	te stan	np of	recei	ving c	office																
Requ	equired supporting documentation to be submitted with application form checklist																							

Vat Reg certificate

Business registration certificate

ID copy

Tittle deed