



Murray Irrigation

APPLICATION: LIST WATER ALLOCATION FOR SALE – WESTERN MURRAY IRRIGATION SELLER

Return by fax to: 03 5898 3305 or email customersupport@murrayirrigation.com.au

This form must be accompanied by:

- Approved Western Murray Irrigation Application for a Temporary Internal Transfer to Murray Irrigation Limited

SELLER DETAILS

Form with fields: Name, Western Murray Farm/Account Number, Murray Irrigation Water Account Number (WX900311), Mailing Address, Contact Number, Fax, Email Address, ABN\*.

\*Please complete an ATO Statement by a Supplier if you do not have an ABN

For Payment of Proceeds:

Form with fields: EFT Details, BSB, Account Number, Account Name.

OFFER DETAILS

Form with fields: Amount to List, ML, Price per ML or unit, \$, (whole dollars only).

\*\* A 1.5% (incl. GST) commission on total sale price will be deducted from proceeds where part of, or all, listing is sold.

WARNING: PENALTIES APPLY FOR FALSE DECLARATIONS

I/we confirm, by signing below, that the information provided for the purpose of this application is true and accurate and agree to comply with the Exchange Terms and Conditions published on Murray Irrigation's web site at www.murrayirrigation.com.au

- Checkboxes for: I am/we are holder(s) of this Water Account; or I am/we are authorised to make this application on behalf of the holder(s) of this Water Account; or I am/we are authorised to make this application on behalf of the Corporation holding this Water Account; or

Form with fields: Applicant 1; or Secretary/Director, Signature; Applicant 2; or Director, Signature.

Dated: [ ]

Serial no: SWC



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to another enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

Print clearly in BLOCK LETTERS using a black pen only.

Use BLOCK LETTERS and print one character in each box.

Character grid for printing letters: S M / T H S T

Place X in all applicable boxes.

Information box: Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

Your name

Name input fields: 2 rows of 28 boxes each.

Your address

Address input fields: 2 rows of 28 boxes each, including Suburb/town, State/territory, and Postcode.

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either: made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Name input fields: 2 rows of 28 boxes each.

Signature of supplier (or authorised person)

Signature box: Large empty rectangular area.

Daytime phone number

Phone number input fields: 3 boxes for Day, 3 for Month, 4 for Year.

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.