



RENMARK IRRIGATION TRUST

Constituted by a Statute of the Parliament of South Australia 1893

ABN: 38 139 833 773

Form 140

UPDATE CONTACT DETAILS

Please note – The Trust’s current customer management system can only record the details of owner 1 and 2, all correspondence will be sent to the details of the primary contact (owner 1). Currently, invoices can only be sent by post. The Trust’s new customer management system will have the ability to email invoices and send correspondence to a nominated On-Farm and Billing contact. This system will become operational in the 2021-22 financial year. Please complete this form with your desired contacts for the new customer management system.

Owner Details

Account Number: _____

Account Name: _____
Name as it appears on your property title - cannot be changed unless accompanied with the relevant Lands and Titles documents

Postal Address: _____

Town: _____ State: _____ PC: _____

Owner 1 Details (Primary Contact)

Name: _____

Mobile: _____

Phone: _____

Email: _____

Owner 2 Details

Name: _____

Mobile: _____

Phone: _____

Email: _____

Billing Details

The person to be contacted for billing related enquiries

Owner 1 Owner 2 Other (complete below)

Complete below if the billing contact person is different to the owners

Name: _____

Phone: _____

Email: _____

Invoice Delivery Method

Tick how you would like to receive your invoices: Email Post

Email address to send invoice to: Owner 1 Owner 2 Billing Contact Other (complete below)

Other email address to send invoice to: _____

On Farm Management Contact Details

The person to receive notifications of shutdowns, leaks, inaccurate water ordering and other related information (nominate one only)

Owner 1 Owner 2 Other (complete below)

Complete below if the on-farm contact person is different to the owners – contact number must be a mobile to receive automatic notifications

Name: _____

Mobile: _____

Email: _____

Declaration (must be signed by at least one registered owner)

Name: _____ Sign: _____ Date: _____

Name: _____ Sign: _____ Date: _____