



# RENMARK IRRIGATION TRUST

Constituted by a Statute of the Parliament of South Australia 1893

ABN: 38 139 833 773

2023/2024

PT05

## Security Nomination Form

In the event of a property transaction involving parcel(s) of Trust Rated Land in the Renmark Irrigation Trust District the Trust requires a minimum of 20% of the Water Delivery Rights to be held as permanent water entitlement to remain on the rated land. Should this requirement not be met, the Trust will require another form of ongoing security of an amount equivalent to the termination fees for the rated land, being 10 times the access charge.

### 1. Property Details

Title	Water Delivery Rights		Water Entitlement
	Rated Ha	ML	

### 2. Security Type relevant to this application (attach supporting documentation)

- A charge over Water Entitlement that the applicant continues to hold;
- A charge over Water Entitlement held under a different ownership within the Trust district;
- RIT Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_
- Signature \_\_\_\_\_ Must be signed by the Water Entitlement Holder if different from the Applicant
- Signature \_\_\_\_\_
- A charge over a Water Access Entitlement with the same or different ownership on a private licence;
- Private Licence Names: \_\_\_\_\_ Licence No: \_\_\_\_\_
- Signature \_\_\_\_\_ Must be signed by the Water Access Entitlement Holder if different from the Applicant
- Signature \_\_\_\_\_
- An encumbrance registered under the Real Property Act 1886 (SA) over the Certificate of Title(s) of the land parcels(s) which the Water Delivery Rights allow water to be delivered to;
- A guarantee given by an authorised deposit taking institution;
- A deposit lodged with the Renmark Irrigation Trust;
- Other, subject to agreement between the Renmark Irrigation Trust and the Water Delivery Right Holder

### 3. Applicant Details & Authorisation

Account Name \_\_\_\_\_ Account No \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Nos \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*To ensure this form has been completed correctly, a copy should be supplied to Trust prior to settlement. No action will be taken until confirmation of settlement is received. \*\***

#### Office Use Only

Received \_\_\_\_\_ Processed \_\_\_\_\_ Authorised by \_\_\_\_\_