



WATER RESOURCES ACT

(reg.25)

(Cap.72:03)

WATER RESOURCES REGULATIONS, 2018

FORM D

APPLICATION FOR TRANSFER OF OWNERSHIP OF WATER LICENCE

(To be filled by the initial holder or his/her representative)

This form should be used to register the transfer of a licence for an existing abstraction to the new owner of the premises to which it applies. If the use is to change in any way, a new permit must be obtained before the changes can be implemented. Please complete the relevant sections of this form in triplicate IN BLOCK LETTERS and return it to the Authority within twenty-one (21) days of the transfer.

I/We* apply for change of ownership of licence, Reference No. _____, to the new holder effective from _____
(insert date)

Name and Signature of new holder: _____

Date: _____

1. Names and addresses of new holder (or new holder's agent)

Name: _____

Address: _____

Telephone: _____

Mobile Number: _____

Email: _____

Designation: _____

Postal address (if different from above) _____

District _____

Main activity _____

2. Reasons for transfer

Please give your reasons for transferring this permit to other persons or company.

Declaration of the Applicant

I/We* certify that the information provided in this form is complete and correct to the best of my/our* knowledge.

Signature of Applicant: _____

Names in full: _____ Date _____

When you have completed this form you must return and attach a copy of bank cash deposit slip or cheque for _____ Kwacha for processing the application and send it to:

The Executive Director, National Water Resources Authority, Private Bag 363, Lilongwe 3, Telephone: +265 (0) 111

647 907 , Email: nwrasec@gmail.com

together with any attachments indicated above.

Note: The Authority may require further information to discuss the transfer with you, before making a determination as to whether the proposed transfer is acceptable.

For Official Use Only

Date of receipt of the application: _____

Application number: _____

Name of the officer receiving the application: _____

Designation: _____

Signature: _____

Official stamp: _____