



Leaseholder Information Form

All fields are **MANDATORY** unless otherwise stated

Name of Leaseholder:					
Business Name: (optional)					
Marine Farming Lease Number (s):					
Company ABN Number:					
Postal Address:					
City/Town/Suburb:		State		Post Code	
Your Contact Details:	BH	()	AH	()	
	Mobile		Fax	()	
	Email				
City/Town/Suburb:		State		Post Code	
Full name & address of Managing Director:	Name: Address:				
Signature of Managing Director:				DOB	
Full name & address of Company Secretary:	Name: Address:				
Signature of Company Secretary:				DOB	
Full name & address of General Manager:	Name: Address:				
Signature of General Manager:				DOB	
Full name & address of Nominated Responsible Person:	Title: Name: Address:				
Signature of Nominated Person:				DOB	
(Affix Company Seal) <i>Affix Seal Here</i>					
	Signature (Company Secretary)		Signature (Company Director)		
	____/____/____ Date		____/____/____ Date		

Personal information will be collected from you for the purposes of the *Marine Farming Planning Act 1995* and will be used by DPIPWVE for purposes permitted by this Act. Failure to provide this information may result in the inability to process your application or provide the service requested. Your basic personal information may be disclosed to other public sector bodies where necessary or if required by law. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to DPIPWVE. You may be charged a fee for this service.

