

Notice of Transfer of Consent

Form No 001

To: **The Chief Executive**
Taranaki Regional Council
Private Bag 713
Stratford 4352

Telephone 06-765 7127
Facsimile 06-765 5097
consents@trc.govt.nz



Pursuant to Sections 134-137 of the Resource Management Act 1991, the undersigned gives notice of the TRANSFER of a consent, in accordance with the details below:

Please note it is essential that **ALL SHADED QUESTIONS** are completed to allow the transfer to be processed.

Full name of CURRENT consent holder [BLOCK CAPITALS]

Postal address: _____

Full name or company name of NEW consent holder [BLOCK CAPITALS]

[please correct if name is incorrect]

Trustees: [full names required] _____

Postal address: _____

Phone numbers: Business _____ Private _____

Mobile _____ Fax _____ Email _____

Date Transfer Effective From: _____

Name/address for service of documents [if different from above] _____

Consent details

Consent Number: _____ or Dairy supply number [if applicable]: _____

Consent type: _____ Expiry date: _____

The transfer is of: part of the consent [describe which part below]

OR the whole of the consent

Describe any proposed change in the activity _____

Invoice details [\$80.50 incl GST - price is for 2011-2012 financial year]

Order Number [if applicable]

Where Invoice is to be sent: _____

Signature of current consent holder _____ **Date** _____

[or person authorised to sign on behalf of current consent holder]

Signature of new consent holder _____ **Date** _____

[or person authorised to sign on behalf of new consent holder]

For office use only: Computer updated by: _____ Date: _____ Copy given to admin: _____