FORM 21 – Application for transfer of Abalone Quota Unit/s

Quota unit zone

(Please tick the appropriate box):

Eastern

Central

Western

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| --- | --- |
| Quota unit number/s | Licence number the unit is currently nominated to |
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# Transferor (seller) details

Company name (if applicable)

Quota Unit holder’s full name (or company nominee)

Postal address

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Home phone number Mobile phone number

Home phone number Mobile phone number

Date of birth Signature of holder Dated

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Please refer to the Declaration section on this document.

Applicant details (Buyer)

Company name (if applicable – see attached overleaf)

Applicants full name (or Company nominee)

Residential address (cannot be a post office)

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Postal address

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Home phone number Fax number

Work phone number Mobile phone number

Email address

Date of birth Signature of buyer Dated

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Please refer to the Declaration section on this document.

# Checklist Have you included the following?

Current quota statements (seller and buyer)

Paid the application fee (refer to Applicant Information Sheet)

If this application is in the name of a company, enclose a current ASIC company statement (extracted from the ASIC database within 6 months)

Completed the Fit & Proper Person Information Form for each transferee (Quota Unit buyer).

Have you read the Applicant Information Sheet

# Declaration

By signing this document you certify that the information contained in this application is true, correct and complete, and that you have read and understood the information sheet for applicants. Failure to include any material matter with the result that the information provided is misleading, or providing false or misleading information in a material detail may result in prosecution under section 119A, 119B or 148(7) of the *Fisheries Act 1995*.