**Resource consent number(s):**

**Current** **consent holder** *(name/s on consent)*:

**Names and signatures of all transferring consent holders:**

IMPORTANT (please read):

* *If the consent holder is a company, at least two people authorised to sign on behalf of the company (e.g. Directors) must be named and sign.*
* *If the consent holder is a Trust,* ***ALL*** *trustees must be named and sign.*

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Date:

[ ]  I/we are authorised to sign for all parties.

**Address/location of resource consent** *(address/physical location)*:

I/we, as the holder/s of the resource consent, transfer this consent to the transferee (details on next page).

**Current consent holder contact details** *(address for service)*:

Name:

Postal address:

|  |  |  |
| --- | --- | --- |
| Phone: | [ ]  Residential:  | [ ]  Business:  |
|  | [ ]  Cell:  | Email:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All sections on both pages of this form MUST be completed**

[ ]  **The transfer fee ($200, including GST, per resource consent) has been paid**

*Where an* ***incomplete transfer application*** *results in more than 1.5 hours of staff time to process, the transferee will be charged actual and reasonable costs for the additional time.*

**Transferee name/s** *(name/s to be on the consent* ***including any existing holder/s who are to remain on the consent)***:

By signing this form, I/we **acknowledge that resource consent is to be transferred to us**. I/we have read all **consent conditions** and will comply with all conditions. I/we accept liability for all charges associated with the resource consent from the date of transfer.

**Names and signatures of all transferees:**

IMPORTANT (please read):

* *All names/s that the consent is going to be transferred to* ***(including any existing holder/s who are to remain on the consent)*** *must be named and sign the* ***Transferee*** *section of this form.*
* *If the consent holder is a company, at least two people authorised to sign on behalf of the company (e.g. Directors) must be named and sign.*
* *If the consent holder is a Trust,* ***ALL*** *trustees must be named and sign.*

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Full name:       Signature:

Date:

[ ]  I/we are authorised to sign for all parties.

**Transferee primary contact details** *(address for service)***:**

IMPORTANT (please read):

Please provide **primary contact** details below. Note this person is responsible for forwarding any correspondence relating to the consent to all consent holders.

Name:

Postal address:

|  |  |  |
| --- | --- | --- |
| Telephone: | [ ]  Residential:  | [ ]  Business:  |
|  | [ ]  Cell:  | Email:  |

Call the Regulatory Coordinator Team on 0800 884 880 with any questions about this form. **Email the signed form to** **RegulatoryAdmin@boprc.govt.nz**.

**Payment:** online to account number 060489-0094734-00. Use the consent number as the reference.