|  |  |
| --- | --- |
| For Office use only | |
| Date Received | *Click or tap to enter a date.* |
| Receipt Number | *Click or tap here to enter text.* |

**CON540**

**FULL TRANSFER OF A**

**RESOURCE CONSENT**

SECTIONS 134-137 RESOURCE MANAGEMENT ACT 1991

*If you need help in filling out this form, please contact our Customer Services staff on (03) 353-9007   
or toll free 0800 EC INFO (0800 324 636).*

*We will be able to provide some general assistance.*

*How to apply*

*Email the completed application and supporting documentation to:* [ecinfo@ecan.govt.nz](mailto:ecinfo@ecan.govt.nz) *Or send to Environment Canterbury, PO Box 345, Christchurch 8140*

* If you are wanting to partially transfer a resource consent please use the form;
  + - [CON541A](https://www.ecan.govt.nz/document/download?uri=4200662): Partial Transfer of a Resource Consent to take Ground/Surface Water or;
    - [CON541B](https://www.ecan.govt.nz/document/download?uri=4137650): Partial Transfer of a discharge consent or;
    - [CON541C](https://www.ecan.govt.nz/document/download?uri=4137654): Partial Transfer of a Resource Consent (excluding Ground/Surface Water Take & discharge).
* Your application must be accompanied with the fixed fee specified [here](https://www.ecan.govt.nz/do-it-online/resource-consents/understanding-consents/consent-costs/) on Environment Canterbury’s website page “How much will my consent cost?”
* If your consent has lapsed, it cannot be transferred.
* Any compliance monitoring charges for work completed up until the date of transfer will be invoiced to the current consent holder.

The transfer is effective from the date a correctly completed transfer form is received.

| **PART A: Consent details** | | | |
| --- | --- | --- | --- |
| **Resource Consent number** | *Click or tap here to enter text.* | | |
| **Site address** | *Click or tap here to enter text.* | | |
| **Legal description** (please attach copy of record of title). | *Click or tap here to enter text.* | | |
| **Description of activity authorised by consent**  (i.e. discharge of human effluent to land): | *Click or tap here to enter text.* | | |
| **Approximate date consent first used**  *(Note: this may be different to the date the consent was granted)* | | **Date** | *Click or tap to enter a date.* |

**Completion Instructions for Part B and C:**

* + - * Please attach a copy of the Record of Title for the property this consent relates to in the new consent holder’s name.   
        Where a Certificate of Title is not supplied this could delay processing of the transfer.
      * If a resource consent requires a partial change of name:
  + Part B must contain all names of current consent holders; and
  + Part C must contain all names of proposed new consent holders INCLUDING the individual or organisation intending to remain a resource consent holder.
    - * Please note that a request to transfer the resource consent cannot occur without signatures of ALL current consent holders.
      * If this consent is in the name of a company and/or limited partnership only 1 director’s signature is required but that director’s signature must be witnessed.
      * If this consent is in the name of a company and/or limited partnership, and someone employed by the consent holder other than a director is signing on behalf of the consent holder, the person signing must complete the declaration at Part B and / or Part C as applicable.

Please confirm date and method of payment and attach proof where possible.

| **PART B: Current consent holder details**  **(**Please ensure all applicable fields are completed and contain all names and of current consent holders) | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | *Click or tap here to enter text.* | | | | **All first names  (in full)** | | *Click or tap here to enter text.* | | | **Title** | | *Click or tap here to enter text.* | |
| **Surname** | | *Click or tap here to enter text.* | | | | **All first names  (in full)** | | *Click or tap here to enter text.* | | | **Title** | | *Click or tap here to enter text.* | |
| **Registered Company name and number** | | | *Click or tap here to enter text.* | | | | | | | | | | | |
| **OR other legal entity with an NZBN number** | | | *Click or tap here to enter text.* | | | | | | | | | | | |
| **Current Postal address** | | | *Click or tap here to enter text.* | | | | | | | | | | | |
| **Telephone number (work)** | | | *Click or tap here to enter text.* | | | **Mobile number** | | *Click or tap here to enter text.* | | | | | | |
| **Telephone number (home)** | | | *Click or tap here to enter text.* | | | **Email** | | *Click or tap here to enter text.* | | | | | | |
| **Signature/s of current consent holder/s** | | | | **Shape  Description automatically generated with low confidence** | | | | | | **Date** | | | *Click or tap to enter a date.* | |
| **Name/s of signatories** | | | *Click or tap here to enter text.* | | | | | | | | | | | |
| **If you are signing on behalf of the consent holder and you are:**   * **not a director of the company that is the consent holder; or** * **not a director of the general partner of the limited partnership that is the consent holder; or** * **If you represent a territorial authority, body corporate, or incorporated society; please complete the following declaration** (Please ensure all fields are completed): | | | | | | | | | | | | | | |
| **I am** | **an employee** | | **officer** | | **member** | | **of the consent holder** *(please select correct option)* | | | | | | | |
| **I** | *Click or tap here to enter text.* | | | | | | | | **Full name, occupation, employer of authorised signatory** | | | | | |
| **am authorised by** | | | *Click or tap here to enter full name of Consent Holder* | | | | | | | | | | | |
| **the consent holder of** | | | *Click or tap here to enter text.* | | | | | | **to sign this transfer dated** | | | **Date** | | *Click or tap to enter a date.* |
| **Signature of authorised signatory** | | | Shape  Description automatically generated with low confidence | | | | | | | | | **Date** | | *Click or tap to enter a date.* |
| **Name/s of signatories** | | | *Click or tap here to enter text.* | | | | | | | | | | | |

| **PART C: New consent holder details**  (Please ensure all applicable fields are completed, all names of proposed new consent holders including the individual or organisation intending to remain a resource consent holder. If this consent is in the name of a company and/or limited partnership only 1 director’s signature is required.)  If this consent is currently under review or undergoing a change of conditions application, I understand the conditions of the consent may change after the transfer has occurred. | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | *Click or tap here to enter text.* | | | | | | **All first names  (in full)** | | *Click or tap here to enter text.* | | | | | **Title** | | | *Click or tap here to enter text.* | |
| **Surname** | | *Click or tap here to enter text.* | | | | | | **All first names  (in full)** | | *Click or tap here to enter text.* | | | | | **Title** | | | *Click or tap here to enter text.* | |
| **Registered Company name and number** | | | *Click or tap here to enter text.* | | | | | | | | | | | | | | | | |
| **OR other legal entity with an NZBN number** | | | *Click or tap here to enter text.* | | | | | | | | | | | | | | | | |
| **Current Postal address** | | | *Click or tap here to enter text.* | | | | | | | | | | | | | | | | |
| **Telephone number (work)** | | | *Click or tap here to enter text.* | | | | | **Mobile number** | | *Click or tap here to enter text.* | | | | | | | | | |
| **Telephone number (home)** | | | *Click or tap here to enter text.* | | | | | **Email** | | *Click or tap here to enter text.* | | | | | | | | | |
| **Address for service** | | | | **Email above** | | | **Postal address above** | | | | | **Other address or email** (please specify) | | | | | *Click or tap here to enter text.* | | |
| **Signature/s of new consent  holder/s** | | | | | **Shape  Description automatically generated with low confidence** | | | | | | | | **Date** | | | *Click or tap to enter a date.* | | | |
| **Name/s of signatories** | | | *Click or tap here to enter text.* | | | | | | | | | | | | | | | | |
| **If you are signing on behalf of the consent holder and you are:**   * **not a director of the company that is the consent holder; or** * **not a director of the general partner of the limited partnership that is the consent holder; or** * **If you represent a territorial authority, body corporate, or incorporated society; please complete the following declaration** (Please ensure all fields are completed): | | | | | | | | | | | | | | | | | | | |
| **I am** | **an employee** | | **officer** | | | **member** | | | **of the consent holder** *(please select correct option)* | | | | | | | | | | |
| **I** | *Click or tap here to enter text.* | | | | | | | | | | **Full name, occupation, employer of authorised signatory** | | | | | | | | |
| **am authorised by** | | | *Click or tap here to enter full name of Consent Holder* | | | | | | | | | | | | | | | | |
| **the consent holder of** | | | *Click or tap here to enter text.* | | | | | | | | **to sign this transfer dated** | | | **Date** | | | | | *Click or tap to enter a date.* |
| **Signature of authorised signatory** | | | Shape  Description automatically generated with low confidence | | | | | | | | | | | **Date** | | | | | *Click or tap to enter a date.* |
| **Name/s of signatories** | | | *Click or tap here to enter text.* | | | | | | | | | | | | | | | | |

**Terms of Trade**

On accepting this transfer please note that the monitoring and administration charges will apply and Environment Canterbury’s Terms of Trade are that all accounts be paid by the 20th of the following month. Should the account remain unpaid within 30 days after the due date, Environment Canterbury reserves the right to refer the account onto a collection agency and any costs incurred in doing this will be passed onto you as the account holder.

| **Please complete to confirm inclusion of the following:** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Parts A, B, C completed, signed by all appropriate parties, and dated. | | | | |
|  | Proof of Payment included | | | | |
| Method of payment | | *Click or tap here to enter text.* | Date: | *Click or tap to enter a date.* | Proof attached |
|  | Copy of the Record of Title/s for the land parcels this consent relates to in the new consent holder’s name. | | | | |
|  | Proof of occupancy (e.g. lease agreement or title confirming registered lease) if you are not the Landowner. | | | | |
|  | Please provide death certificate and name of executor if the consent holder is deceased. | | | | |