Transfer of Resource Consent(s) "Change of Name"

Pursuant to Sections 134-137 of the Resource Management Act 1991, the undersigned gives notice of the TRANSFER of a consent, or we request that the name of the consent holder is changed, in accordance with the details below

PART 1: CONSENT DETAILS

Consent Number(s) to be Transferred:	AUT.042100.01.02 (Part Transfer) AUT.042100.02.01 (Part Transfer) AUT.042100.05.01 (Part Transfer) AUT.042100.07.01 AUT.042100.08.01 AUT.042100.09.01	**Type of Consent(s):**	The eastern abutment Structures Occupation for balance of occupation area Portion of capital dredging associated with Eastern Abutment construction Deposition spoil discharge decant water Construct EA

IMPORTANT INFORMATION – PLEASE READ CAREFULLY:

- This Transfer Form is only valid for the period **1 July 2021 to 30 June 2022**.
- A transfer is not complete until the required fee is paid and both the Consent Holder(s) and Transferees have signed this Transfer Form.
- The existing Consent Holder(s) remain(s) fully responsible for the payment of all outstanding charges owed to the council up until the time the council receives a "complete" transfer from.
- Most resource consents attract annual resource user charges based on monitoring and administration of the activity.

The required Minimum Initial Fee (GST inclusive) for the transfer/change of name is $552

- The Minimum Initial Fee for <u>each</u> AUT number listed above is **$92.00** (GST inclusive).
- Payment can be made via Internet banking to the Northland Regional Council Bank Account:
  ASB Walton Street, Whangārei – 12-3115-0057000-000
  *(**Reference** the middle digits of the consent number e.g. AUT.012345.01.01)*

PART 2: CURRENT CONSENT HOLDER(S) DETAILS

Full Name of Existing Consent Holder(s), Registered Company or Trust:
(in full e.g. Albert Williams Jones and Mary Anne Jones)

Paihia Maritime Properties Limited

Postal Address:

Phone Number: **Mobile:** 027 292 1131

E-mail Address: scott@thesutherlands.co.nz

Declaration of EXISTING Consent Holder(s)

As described above, the Consent Holders interest in the consent is hereby transferred, subject to the provisions of the Resource Management Act and any relevant consent condition.

Signature of all Consent Holders: *(or person authorised to sign on behalf of the Consent Holder(s))*	**Date:** 14-4-22

PART 3: NEW CONSENT HOLDER(S) DETAILS

Northland REGIONAL COUNCIL
Te Kaunihera ā rohe o Te Taitokerau

Full Name of NEW Consent Holder(s), Registered Company or Trust: *(in full e.g. Alan Ray Smith and Sue Anne Smith)*	Far North Holdings Ltd
Postal Address: *(in full)*	PO Box 7 Opua 0241
Residential Address: *(if different, in full)*	
Phone Number: *(Home)* 4025659	**Mobile:**
Phone Number: *(Business)*	**Fax Number:**
E-mail Address: chris@fnhl.co.nz	

Declaration of NEW Consent Holder(s)

I/We have read and understood the important information on this form. I/We acknowledge that the Resource Consent is to be transferred as described and will comply with all conditions of the Resource Consent and accept liability for all charges associated with the Resource Consent from the date of transfer.

Signature of all Consent Holder(s): *(or person authorised to sign on behalf of the Consent Holder(s))* Chris Galbraith	**Date:** 14/3/22

PART 4: FOR COMPANY, TRUST, OR OTHER ORGANISATIONS ONLY *(TO ALSO BE COMPLETED IF RELEVANT)*

Personal Details and Signatures of Trustees, or Officers Authorised to Sign on Behalf of, and to Bind Trusts, Societies and Unincorporated Entities:* * Private and family trusts only	
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	

PART 4: continued

Personal Details and Signatures of Trustees, or Officers Authorised to Sign on Behalf of, and to Bind Trusts, Societies and Unincorporated Entities:*	* Private and family trusts only
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	
Full Name and Status: *(Trustee, Officer etc)*	
Full Residential Address:	
Signature:	

If you have any queries, please contact 0800 002 004 or email request to info@nrc.govt.nz