

**TIMARU DISTRICT COUNCIL  
PO BOX 522  
TIMARU**

**APPLICATION TO TRANSFER LEASE**

I/We .....  
(Full names(s) of present Lessee(s))

of .....  
(Address)

hereby apply to have the lease of Site No    in the Rangitata River Reserve, held by me/us transferred  
to ..... (full Name / Names)

of ..... (Residential Address)

.....(E-mail) ..... (Telephone)

in accordance with the terms and conditions under which the lease was issued.

**NB:** *Any apportionment of annual rent paid should be agreed between seller and purchaser prior to signing any agreement.*

Transferor Signature(s) .....

Date ..... **DATE OF TRANSFER**.....

**DECLARATION OF NEW LESSEE (PURCHASER)**

I/We confirm the above request, agree to be bound by the terms and conditions of the lease, and have paid the fee payable for the said transfer.

I/We hereby warrant that I/we have purchased the property for use as personal holiday accommodation only, and that it will not be used by me/us for more than 180 days in any one calendar year or be sub-let or rented out.

I/We confirm that under the terms of the Privacy Act I/we agree to provide my/our name(s), address and contact information as recorded above.

I/We have sought legal advice to understand, or I/we do understand the zoning of the South Rangitata Reserve land and the contents of the respective Management Plan.

**MAY BE GIVEN  
MUST NOT BE GIVEN**



to the Secretary of the South Rangitata Reserve Hutholders' Association

Signature(s) ..... Date .....

When completed, please return the form to the Property Administration Officer, PO Box 522, Timaru together with the required transfer fee of \$280.00 including GST. Internet Banking Details overleaf.

**Office Use:**

Application to transfer the above lease approved.

Signature ..... Date .....

Name and Address change has been actioned

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNET BANKING PAYMENT DETAILS**

**Bank:** Bank of New Zealand (BNZ)

**Branch:** Stafford Street, Timaru

**Account Holder:** Timaru District Council

**Account Number:** 02-0888-0269159-000

**Amount:** \$280.00

**Particulars:** TSF APP FEE

**Code:** HUT SITE *(insert number)*

**Reference:** W352.100.220