

**APPLICATION FOR REGISTRATION AS A  
 USER OF A REGISTERED / NOTIFIED  
 GROUNDWATER SOURCE – PART I**

<b>Groundwater Source Registration/Notification No.</b>	
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**All sections of this application should be filled in and legible. (Incomplete, illegible or improperly filled in applications will be delayed or returned).**

**A bank draft or personal cheque for the amount of € 50 and payable to Malta Resources Authority must be submitted with this application.**

**SECTION A - GENERAL INFORMATION**

**A1. Applicant's Information**

<i>To be filled if application is made by an individual</i>			
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Title	Full Name and Surname		
I.D. No./ Passport No:	VAT No (if applicable):	Trading Licence No: (if applicable):	
Contact Address:			
Tel. No.:	Mobile No.	Fax No.	E-mail address:

<i>To be filled if application is made on behalf of a Company / Legal Organisation</i>	
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Name of Company / Legal Organisation	
Company Registration No.	VAT. No
Trading Licence No. (if applicable)	
Type of Company: LTD <input type="checkbox"/> PLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Organisation <input type="checkbox"/>	
Other <input type="checkbox"/> (Specify) _____	
Is Company Part of a Holding? YES <input type="checkbox"/> (Specify) _____ NO <input type="checkbox"/>	

<b>Details of Legal Representative (where applicable)</b>			
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Title	Full Name and Surname:		
I.D. No./ Passport No	Position Held:		
Contact Address:			
Tel. No.:	Mobile No.	Fax No.	E-mail address:

**A2. Users of Groundwater Source – New users**  
*(Fill in on separate sheets if necessary)*

**Share of use  
expressed in  
days / annum**

<b>USER 1</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

<b>USER 2</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

<b>USER 3</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

**A2. Existing Registered / Notified users as per Registration of Groundwater Sources Regulations, 1997 or Notification of Groundwater Sources Regulations, 2008. (where applicable)**  
*(Fill in on separate sheets if necessary)*

<b>USER 1</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

<b>USER 2</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

<b>USER 3</b>	NAME & SURNAME		
	ADDRESS		
ID Number			

**SECTION B - DETAILS OF SOURCE**

Address of groundwater source:	
Name of land where source is located:	
Limits of:	
Groundwater Source Registration / Notification No.	

**SECTION C : DECLARATIONS BY THE MAIN APPLICANT AND OTHER USERS  
(please also fill in Part II of this form)**

I / We (*delete where not applicable*), understand that the Malta Resources Authority may conduct complete and comprehensive investigations to determine the accuracy of all information provided in / with this application.

I / We (*delete where not applicable*), authorise the Malta Resources Authority to make such investigations.

I / We (*delete where not applicable*) also authorise person/s acting on behalf of the Malta Resources Authority to enter, inspect and verify any groundwater source and its site notified by this application. I/We (*delete where not applicable*) also authorise person/s acting for or on behalf of the Malta Resources Authority to gather and record information regarding such groundwater source, including by photographic or electronic means.

I / We (*delete where not applicable*), hereby authorise any person or entity contracted by the Authority to provide any information as may be reasonably requested by the Authority in connection with this notification.

**Main Applicant:**

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

**ALL Other Users: (If necessary submit additional copies of this sheet with details and signatures of other users as applicable)**

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

## SECTION D : DECLARATIONS BY EXISTING REGISTERED / NOTIFIED USERS

I / We (*delete where not applicable*), the undersigned, hereby declare that I/we are fully cognisant of this application and its contents and agree that I/we are knowledgeable of the addition of new users to the groundwater source referred to in this application.

I / We (*delete where not applicable*), want to remain / do not want to remain (*delete where not applicable*), a registered user of this groundwater source.

**All Users: (If necessary submit additional copies of this sheet with details and signatures of other users as applicable)**

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

### PLEASE READ THE FOLLOWING CLAUSE BEFORE SIGNING DATA PROTECTION CLAUSE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/ or sensitive data supplied on/ in this application, request or notification form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following:

1. The proper processing of your application, request and/or notice as submitted;
2. Preventing, detecting and/or prosecuting fraud and any other criminal activity which the Authority is bound to report and/or act upon whilst meeting any other specific legal or regulatory obligations;
3. Establishing, exercising or defending any legal action;
4. Internal management, research and statistics, systems administration, the development and improvement of our services;
5. the protection and promotion of our legitimate interests and the proper conduct of our obligations arising under any law or statutory instrument; and
6. to make public the necessary information as specified in the relevant law and/or instrument.

Relevant data will be disclosed or shared as appropriate with all our employees and with other third parties if pertinent to any of the purposes listed above. Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse the application. Should any field be inapplicable to your particular circumstances please mark that field with the letters "N/A". You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Authority to process your respective personal information as outlined above and you confirm that you have brought this Data Protection notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

**APPLICATION FOR REGISTRATION AS A  
USER OF A REGISTERED / NOTIFIED  
GROUNDWATER SOURCE - PART II**

<b>Groundwater Source Registration/Notification No.</b>	
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**DECLARATION UNDER OATH (ADMINISTERED BY A COMMISSIONER OF  
OATHS) BY USERS OF GROUNDWATER SOURCES**

I/We (*delete where not applicable*), the undersigned

**Main Applicant:**

Signed:

Date:

**ALL Other Users: (*If necessary submit additional copies of this sheet with details and signatures of other users as applicable*)**

Full Name and Surname:

Identity Card / Passport No.

Signed:

Date:

Full Name and Surname:

Identity Card / Passport No.

Signed:

Date:

declare that the groundwater source with Registration/Notification No \_\_\_\_\_ **originally**  
**registered / notified by**

Full Name and Surname:

Identity Card / Passport No.

**ALL Previously Registered Users: (*If necessary submit additional copies of this sheet with details and signatures of other users as applicable*)**

Full Name and Surname:

Identity Card / Passport No.

Full Name and Surname:

Identity Card / Passport No.

is presently under the effective control and use of the undersigned.

I / We (*delete where not applicable*), the undersigned accept and understand that the registration of myself/ourselves as a user of the groundwater source with Registration / Notification No. \_\_\_\_\_ does not in any way give the undersigned any right to draw water from such source, or to dispose of any material, whether liquid or solid, in such source, or to keep open such source, and the Authority may at any time order the undersigned to close such groundwater source, notwithstanding that such source is registered / notified and the relative registration / notification fees have been duly paid. I /we also understand that by means of the registration as a user of a groundwater source I /we are not in any manner acquiring or obtaining any vested right with regard to the groundwater source.

I / We (*delete where not applicable*), the undersigned accept and understand that the registration of myself/ourselves as a user of the groundwater source with Registration / Notification No. \_\_\_\_\_ shall in no way prejudice any rights or claims which third parties may have over such source. I also understand that the acceptance of this application shall not be construed as conferring or creating any right or presumption in my favour on the property wherein the groundwater source is situated.

I / We (*delete where not applicable*), the undersigned, hereby declare that this entire declaration, all statements, attachments and the other information submitted in connection with it are true, correct and complete in all respects to the best of my knowledge and belief and that this declaration is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the applicable penalties established by law, and its reporting and use in any criminal action.

**Main Applicant:**

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

**ALL Other Users: (If necessary submit additional copies of this sheet with details and signatures of other users as applicable)**

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

Full Name and Surname: Identity Card / Passport No.

Signed: Date:

**DETAILS OF COMMISSIONER OF OATHS**

Full Name	
Signature	
Official Stamp	Date