

Form PTD10

Record a change title holder following devolution

Petroleum (Onshore) Act 1991

February 2018 | v2.2

More information

For help with lodging this application, or for more information about titles in New South Wales, contact:

Division of Resources and Energy

Titles Customer Assistance Line

Phone +61 2 4931 6500

titles.services@industry.nsw.gov.au

© State of New South Wales through the NSW Department of Planning and Environment. ABN: 38 755 709 681

This publication is copyright. You may download, display, print and reproduce this material providing that the wording is reproduced exactly, the source is acknowledged, and the copyright, update address and disclaimer notice are retained.

The information contained in this publication is based on knowledge and understanding at the time of writing. However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the NSW Department of Planning and Environment or the user's independent advisor.

Privacy statement

This information is collected by the NSW Department of Planning and Environment for the purposes of assessing an application for or associated with a title as required by the *Petroleum (Onshore) Act 1991* or *Petroleum (Onshore) Regulation 2016*.

This information may also be used by the department to confirm applicant details in the event that subsequent applications are made, and may also be used to establish and maintain databases to assist the department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

You may apply to the department to access and correct any information the department holds if that information is inaccurate, incomplete, not relevant or out of date.

When to use this form

Complete this form if you have acquired the rights to a title by an operation of law, eg. death , insolvency or bankruptcy of the holder of that title/s

The form is approved in accordance with [Part 3](#) of the *Petroleum (Onshore) Act 1991*. The information requested in this form may not be specifically referenced in the *Petroleum (Onshore) Act 1991* or *Petroleum (Onshore) Regulation 2016* however its inclusion in the approved form validates the authority of the NSW Department of Planning and Environment (the department) to request it.

Important notes

If this application is lodged by any party other than the applicant/s (ie. an agent), the department may seek confirmation of that authority and any limits of that authority given to that other party by the applicant ([Section 97F](#) of the *Petroleum (Onshore) Act 1991* and [Clause 34](#) of the *Petroleum (Onshore) Regulation 2016*). The agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the department.

How to submit this form

- **By email:** Send an electronic copy of the form including any attachments and proof of payment to titles.services@industry.nsw.gov.au
- **By mail:** Mail your form, attachments and the prescribed fee to: Division of Resources and Energy, Titles Services, PO Box 344, Hunter Region Mail Centre NSW 2310.
- **In person:** Submit your application in person at the Division of Resources and Energy's Titles Services office, 516 High Street, Maitland, New South Wales. Office hours are 9.30am to 4.30pm.

How this application will be processed

Once your application has been checked we will update our records accordingly. We will notify you in writing of the outcome.

1. Name of Title holder whose rights have devolved

Provide the full name of title holder

Name	<input type="text"/>
------	----------------------

2. Title holder/s to be recorded following devolution

Name	<input type="text"/>
Registered street address	<input type="text"/>
Postal address	<input type="checkbox"/> Same as above <input type="checkbox"/> Enter here if different
Name	<input type="text"/>
Registered street address	<input type="text"/>
Postal address	<input type="checkbox"/> Same as above <input type="checkbox"/> Enter here if different

Additional title holders

Provide the full name, registered street address and postal address details of additional holders.

3. Title/s affected by the devolution

Type PAL, PEL, PPL, PSPA	Number	Act
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Evidence of devolution

Provide evidence of devolution (eg: by death, insolvency, bankruptcy, etc)

I have attached evidence of the devolution of rights

5. Contact for this application

Any correspondence relating to this application will be sent to this person.

Contact name	
Position held	
Company	
Postal address	
Phone (inc. area code)	
Mobile	
Email	

Your preferred contact method

- Email (For companies – provide a generic company email address which is regularly monitored rather than an individual employee’s email address.)
- Mail

6. Checklist of items to be included with this application

Item	Reference	
Evidence of devolution	<input type="checkbox"/>	Question 4
For agents only – evidence of appointment as agent, if this has not been previously supplied to the division	<input type="checkbox"/>	Question 8

7. Declaration

This form should be signed by the applicant or an agent authorised to act on the applicant's behalf.

I/We declare that the information provided in this application is true and correct. I/We understand that under [Part 5A](#) of the *Crimes Act 1900*, that knowingly giving false or misleading information is a serious offence; and under [Section 125D](#) of the *Petroleum (Onshore) Act 1991* any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

Applicant/s

Name	
Position/title	
Date	
Signature	

Name	
Position/title	
Date	
Signature	

Name	
Position/title	
Date	
Signature	

OR

Agent authorised to act for this applicant/s

Provide evidence of appointment if this has not been previously supplied to the department.

Name	
Position/title	
Date	
Signature	

8. Office use only

Application received:

Time: Date:

Received under delegation from the Secretary

Name

Signature

Document control

Authorised by: Director Titles Services

RM8 Reference: PUB16/281

Amendment schedule

Date	Version #	Amendment
May 2016	2.0	Components updated (Forms project), new template
1 April 2017	2.1	Legislation update, new format, update bank details, project codes, dept name
1 February 2018	2.2	Updated to DPE colours & removal of fees