

APPLICATION FOR REGISTRATION

THE WATER RESOURCES AND MANAGEMENT ACT, 2009

(Regulation 10)

(To be completed in triplicate)

For Official use only**No.....**

To: THE REGISTRAR,
PANGANI BASIN WATER BOARD,
P.O. BOX 7617
MOSHI

Application is hereby made for registration Under the Water
 Resources Management Act and its regulations.

1. Name of Water Users Association.....
2. The principal office of the Water Users Association is situated at.....
3. The Postal address of the Water Users Association.....

4. The Water Users Association was established on the Day of20.....
5. Name of the water source
6. The purpose of the Water Users Association are:

7. We enclose herewith
 - (a) A copy of the constitution or memorandum of agreement of the Water Users Association
 - (b) Minutes containing full names and signature of founder members
 - (c) Personal Particulars of office bearers.
 - (d) An application fee.

Dated thisday of20.....

Name and signature of two founding members.

1. Name: 2. Name:

Signature: Signature:

(Regulation 14)

NOTICE OF INTENTION TO APPEAL

To: Registrar of Water Users Associations

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.....

Take notice thatyour Water Users Association we intend to appeal against the decision of the Registrar

Dated

The ground of appeal are:

1.
2.
3.
4.
5.

We appoint(names) as our representative(s) in the intended appeal.

Dated this day of20.....

.....

Appellant

Copy: Board

(Regulation 25)

**NOTICE OF CHANGE OF CONSTITUTION/MEMORANDUM OR
AGREEMENT OF A WATER USERS ASSOCIATION**

THE WATER RESOURCES MANAGEMENT ACT, 2009

Notice is hereby given thatWater Users Association has changed its constitution/Memorandum of Agreement as follows:

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Dated this day of 20

1. Name: 2. Name

Signature: Signature:

Designation: Designation:

(Regulation 27)

**NOTICE OF CHANGE OF OFFICE BEARERS OF
WATER USERS ASSOCIATION**

THE WATER RESOURCES MANAGEMENT ACT, 2009

Notice is hereby given thatWater Users Association has changed Office bearers as follows:

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1. The following persons have ceased to be office bearers of the association

Full Name	Designation	Date of Vacating Office
.....
.....
.....

2. The following persons have been appointed/elected to be office bearers of the association

Full Name	Designation	Date of appointment/election
.....
.....
.....

Dated this day of20.....

2. Name: 2. Name

Signature: Signature:

Designation: Designation:

3. Attached is a copy of resolution certified by office bearers stating that the resolution complies with its governing documents.

Date:.....

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Minister