



LEASE OR LICENCE: SURRENDER OR PARTIAL SURRENDER

USE THIS FORM TO: Apply to surrender all of one or more tenements, or part of one tenement.

Section A: Applicant(s)

	NAME OF COMPANY or INDIVIDUAL	% SHARE		ⓘ List all applicants and percentage share in the application.
Applicant 1	[]	[]	%	
Applicant 2	[]	[]	%	

Note: Each party must complete a separate copy of the 'applicant details' page attached to this form.

Section B: Tenement details

Holder name(s) and percentage share	[1.]	[]	%	ⓘ Attach any additional information as required. Multiple tenements may only be listed if all are full surrenders.
	[2.]	[]	%	
List the tenement(s) to be surrendered and their location	[]	[]	[]	
This form applies to:	[]	[]	[]	

Section C: Surrender details

Select the type of surrender being requested	<input type="checkbox"/> I surrender the full tenement/s and the lands comprised w within, and all my rights and title under the tenement	ⓘ Tick one box only. Attach a plan of partial surrender areas.
	<input type="checkbox"/> I surrender the portion of the lands comprised in the tenement delineated in the attached plan, and all my rights and title under the tenement to the extent of the surrender	

Section D: Contact person

Contact name	[]	Position title	[]	ⓘ A contact person must be nominated and should have good knowledge of the application.
Email	[]			
Telephone	[]	Mobile	[]	
Do you consent to receiving electronic correspondence from the Department regarding tenement matters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		


Section E: Rehabilitation


Have mining operations been undertaken on the proposed surrender area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ⓘ If mining operations have not occurred on the proposed surrender area, proceed to Section F.
If yes, has the area been rehabilitated in accordance with the approved Program for Environment Protection and Rehabilitation (PEPR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is the landowner satisfied with the rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Landowner name and contact telephone, mobile and/or email	[]		
	[]		

Note: If mining operations have occurred on the proposed surrender area, landowner contact details must be provided for the purpose of verifying the information in this section.

Section F: Declaration that application is complete and accurate

I, the applicant, declare:

<input type="checkbox"/> The information provided in this application is complete and accurate	 Check items to confirm your understanding of the surrender application process.
<input type="checkbox"/> I understand that I (as the lease or licence holder) continue to hold, and be responsible for, the rights and obligations imposed by the lease or licence until such time as the surrender or partial surrender receives consent	
<input type="checkbox"/> I have met, and will continue to meet, any applicable reporting requirements until such time as the surrender or partial surrender receives consent	

APPLICANT 1	Individual or Company Representative 1		Individual's Witness or Company Representative 1		 Ensure that applicants sign in the correct order, as listed on page 1.
Print Name	1.	[[2.	[[
Signature	1.	[[2.	[[
APPLICANT 2	Individual or Company Representative 2		Individual's Witness or Company Representative 2		
Print Name	1.	[[2.	[[
Signature	1.	[[2.	[[

COMPANY: Sign in accordance with the *Corporations Act 2001*. If agent, written authority must be provided.

INDIVIDUAL: Signature must be witnessed by a person who is not a beneficiary of the application (e.g. not a joint applicant).

OFFICE USE ONLY

Section G: Consent is given to this surrender

Signature of the Minister or delegate under the Act

	Date signed		 OFFICE USE ONLY
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LEASE OR LICENCE: APPLICANT DETAILS

USE THIS FORM TO: Provide the details of a new client, or provide updated details for an existing client. One company or one individual per page only. No joint names.

This applicant's percentage share	[]	%	Applicant number	[]	of	[]	<i>i</i> Provide the total number of applicants.
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Applicant type: **Company**

Company name	[]			<i>i</i> If 'Company', provide registered business street address , and either an ABN or ACN. New company clients need to attach a copy of their certificate of business registration.
ABN	[]	ACN	[]	
Registered address line 1	[]			
Registered address line 2	[]			
Suburb / Locality	[]	[] State	[] Postcode	
<input type="checkbox"/> Individual				
Surname	[]	Given names	[]	

Applicant Contact Details Postal address is the same as company registered address above

Postal Address Line 1	[]			<i>i</i> Provide a postal address if it is different to the registered business street address.
Postal Address Line 2	[]			
Suburb / Locality	[]	[] State	[] Postcode	
Email	[]			
Website	[]			
Telephone	[]	Fax	[]	

Contact Person for Queries

Contact Name	[]	Position title	[]	<i>i</i> A contact person must be nominated for each client.
Email	[]			
Telephone	[]	Mobile	[]	
Do you consent to receiving electronic correspondence from the Department regarding tenement matters?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Certified Correct

Name	[]	<i>i</i> May be certified by any appropriate person.
Signature	[]	