



MINERAL CLAIM: SURRENDER OF REGISTERED CLAIM

USE THIS FORM TO: Surrender a mineral claim that is currently registered.

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: Claim details

Mineral claim number	[[]]	Expiry date	[[]]	ⓘ Attach additional information if required.
Claim location	[[]]			
Holder name(s) and percentage share	1.]		%	
	2.]		%	

Section C: Removal of pegs (not required if claim identified in alternate manner)

Pegs removal date	[[]]	ⓘ Pegs must be removed before surrender of claim.
Pegs removed by	[[]]	

Section D: Contact person

Contact name	[[]]	Position title	[[]]	ⓘ Contact person must be nominated for any queries.
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: Declaration that application is complete and accurate

I declare the information provided in this application is complete and accurate.

APPLICANT 1	Individual or Company Representative 1		Individual's Witness or Company Representative 1		ⓘ Ensure that applicants sign in the correct order listed in Section A.
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).



MINERAL CLAIM: 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

[]	%
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Applicant number

[]	of	[]	ⓘ Provide the total number of applicants.
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Applicant type: **Company**

Company name	[]			ⓘ 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	[]			ⓘ 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	[]	Mobile	[]	

Contact Person for Queries

Contact Name	[]	Position title	[]	ⓘ 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	[]			ⓘ May be certified by any appropriate person.
Signature	[]			