



**ACCESS CLAIM: APPLICATION FOR REGISTRATION**

**USE THIS FORM TO:** Apply to register an access claim that you have pegged.

**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: Details of tenement**

Existing sub-surface stratum tenement number	[[ ]]			ⓘ The existing sub-surface tenement must be immediately below the area of the access claim.
Section	[[ ]]	Hundred	[[ ]]	
Pastoral block	[[ ]]			
Land Title reference	[[ ]]			
Local Council area	[[ ]]			
Area plan	<p><b>A detailed plan of the location of the claim must be attached.</b>                      The plan must show –</p> <ul style="list-style-type: none"> <li>• dimensions and coordinates/bearings of claim boundaries; and</li> <li>• bearings and distances from land boundaries or other known points; and</li> <li>• the proposed means of access from a public road.</li> </ul> <p><b>All measurements taken for the purposes of the plan must be taken with a GPS unit or other survey equipment on the ground from each post.</b></p>			ⓘ Co-ordinates taken from Google maps or other software are not sufficient.

**Section C: Pegging of Claim**

Pegging date	[[ ]]	ⓘ Can be pegged by an agent of the applicant.
Pegged by	[[ ]]	

**Section D: Declaration that application is complete and accurate**

I declare the information provided in this application is complete and accurate, and meets the requirements of section 63C(1) of the Act .



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

**Please refer to Section E on page 2 for Payment Details**

## Section E: Payment details

Fee	Access claim – application for renewal		\$ [ ]	<p> Refer to the current fee schedule for the applicable fee.</p> <p> CVV Code is the last 3 digits printed in the signature block on the back of the credit card.</p>
Payment Method	<input type="checkbox"/> Cash - in person only. Do not post. <input type="checkbox"/> Cheque - made out to 'DSD' <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card - DSD to contact applicant for card details <input type="checkbox"/> Credit Card - details below - Visa / MasterCard (circle one)		OFFICE USE ONLY	
			RECEIPT	
	Card Number [ ]			
	Expiry MM/YYYY	[ ]	CVV Security Code [ ]	
	Cardholder Name [ ]			
Cardholder Signature	[ ]			



**ACCESS 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 <b>registered business street address</b> , 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"/> <b>Individual</b>				
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 <b>must</b> 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	[ ]			