



**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				ⓘ Co-ordinates taken from Google maps or other software are not sufficient.
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>			

**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 .



<b>APPLICANT 1</b>	Individual or Company Representative 1		Individual's Witness or Company Representative 2		ⓘ Ensure that applicants sign in the correct order, as listed in Section A.
Print Name	1.		2.		
Signature	1.		2.		
<b>APPLICANT 2</b>	Individual or Company Representative 1		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		\$	 Refer to the current fee schedule for the applicable fee.
Payment Method	<input type="checkbox"/> Cash - in person only. Do not post.		<b>OFFICE USE ONLY</b> RECEIPT	
	<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)			
Card Number				 CVV Code is the last 3 digits printed in the signature block on the back of the credit card.
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

	<b>%</b>
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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 <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				<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		Mobile		

**Contact Person for Queries**

Contact Name		Position title		<i>i</i> 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				<i>i</i> May be certified by any appropriate person.
Signature				