



**ACCESS CLAIM: APPLICATION FOR RENEWAL**

**USE THIS FORM** To apply to renew an access claim that is currently registered.

**Section A: Applicant(s)**

	NAME OF COMPANY or INDIVIDUAL	% SHARE		<i>i</i> 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**

Access claim number	[[ ]]		<i>i</i> Multiple claims may be listed.
Location of claim	[[ ]]		
Holder name(s) and percentage share	[1. ]	%	<i>i</i> Attach additional information as necessary.
	[2. ]	%	
Access claim number	[[ ]]		
Location of claim	[[ ]]		
Holder name(s) and percentage share	[1. ]	%	
	[2. ]	%	

**Section C: Contact person**

Contact name	[[ ]]	Position title	[[ ]]	<i>i</i> 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 D: Declaration that application is complete and correct**

I declare the information provided in this application is complete and accurate, and meets the requirements of regulations 27(1) and 27(3) of the Mining Regulations 2011.



APPLICANT 1	Individual or Company Representative 1		Individual's Witness or Company Representative 1		<i>i</i> 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		\$ [ ]	 Refer to the current fee schedule for the applicable fee.
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)		<b>OFFICE USE ONLY</b> RECEIPT	
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

[ ]	[ ]	%
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Applicant number

[ ]	of	[ ]	<b>i</b> Provide the total number of applicants.
[ ]	of	[ ]	

## Applicant type:

 **Company**

Company name

[ ]	<b>i</b> 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	[ ]
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Registered address line 1

[ ]	<b>i</b> 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.
[ ]	

Registered address line 2

[ ]	<b>i</b> 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.
[ ]	

Suburb / Locality

[ ]	[ ] State	[ ] Postcode	<b>i</b> 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.
[ ]	[ ] State	[ ] Postcode	

 **Individual**

Surname

[ ]	Given names	[ ]	<b>i</b> 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.
[ ]	Given names	[ ]	

## Applicant Contact Details

 Postal address is the same as company registered address above

Postal Address Line 1

[ ]	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	

Postal Address Line 2

[ ]	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	

Suburb / Locality

[ ]	[ ] State	[ ] Postcode	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	[ ] State	[ ] Postcode	

Email

[ ]	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	

Website

[ ]	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	

Telephone

[ ]	Mobile	[ ]	<b>i</b> Provide a postal address if it is different to the registered business street address.
[ ]	Mobile	[ ]	

## Contact Person for Queries

Contact Name

[ ]	Position title	[ ]	<b>i</b> A contact person <b>must</b> be nominated for each client.
[ ]	Position title	[ ]	

Email

[ ]	<b>i</b> A contact person <b>must</b> be nominated for each client.
[ ]	

Telephone

[ ]	Mobile	[ ]	<b>i</b> A contact person <b>must</b> be nominated for each client.
[ ]	Mobile	[ ]	

Do you consent to receiving electronic correspondence from the Department regarding tenement matters?

 Yes

 No

## Certified Correct

Name

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

Signature

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