



**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 <b>must</b> 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.

<b>APPLICANT 1</b>	Individual or Company Representative 1		Individual's Witness or Company Representative 2		ⓘ Ensure that applicants sign in the correct order 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).



**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

	<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				