



**MINERAL CLAIM: SURRENDER OF REGISTERED CLAIM**

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

**Section A: Mineral Claim**

|                                    |    |  |             |   |   |
|------------------------------------|----|--|-------------|---|---|
| Mineral claim number               | MC |  | Expiry date |   | Attach additional information as necessary. |
| Claim location                     |    |  |             |   |   |
| Holder name/s and percentage share | 1. |  |             | % |   |
|                                    | 2. |  |             | % |   |

**Section B: Removal of pegs**

|                  |  |   |
|------------------|--|---|
| Peg removal date |  | Pegs must be removed before surrender of claim. |
| Pegs removed by  |  |   |

**Section C: Contact information**

|              |  |     |  |   |
|--------------|--|-----|--|---|
| Contact name |  |     |  | Contact person must be nominated for any queries. |
| Position     |  |     |  |   |
| Email        |  |     |  |   |
| Telephone    |  | Fax |  |   |

**Section D: Certification that surrender is complete and correct**

|  | COMPANY REPRESENTATIVE OR INDIVIDUAL |  | COMPANY REPRESENTATIVE OR INDIVIDUAL'S WITNESS |  | <b>COMPANY:</b> must be signed by appropriate representative/s.<br><br><b>INDIVIDUAL:</b> witness certifies that the individual named above is the person whose signature appears here. |
|--|--------------------------------------|--|--|--|---|
| Print Name   | 1.                                   |  | 2.   |  |   |
| Role   | 1.                                   |  | 2.   |  |   |
| Date Signed  | 1.                                   |  | 2.   |  |   |
| Signature  | 1.                                   |  | 2.   |  |   |
| Applications in an individual's name must be witnessed by a person who is not a beneficiary of the application (e.g. not a joint applicant). |                                      |  |  |  |   |