



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>A detailed plan of the location of the claim must be attached. The plan must show –</p> <ul style="list-style-type: none"> • dimensions and coordinates/bearings of claim boundaries; and • bearings and distances from land boundaries or other known points; and • the proposed means of access from a public road. <p>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.</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 .



| | | | | | |
|--------------------|--|--|--|--|---|
| APPLICANT 1 | 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. | | |
| | | | | | |
| APPLICANT 2 | 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. <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 | | |  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

| | |
|--|----------|
| | % |
|--|----------|

Applicant number

| | | | |
|--|----|--|--|
| | of | | <i>i</i> Provide the total number of applicants. |
|--|----|--|--|

Applicant type: **Company**

| | | | | |
|--|--|-------------|----------|--|
| Company name | | | | <i>i</i> If 'Company', provide registered business street address , 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"/> Individual | | | | |
| 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 must 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 | | | | |