



ACCESS CLAIM: APPLICATION FOR REGISTRATION

USE THIS FORM TO: Apply to register an access claim that you have pegged

Section A: Details of tenement

Existing sub-surface stratum tenement number		ⓘ The existing sub-surface tenement must be immediately below the area of the access claim.
Location of claim		
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.</p>	

Section B: Pegging of Claim

Pegging date		ⓘ Can be pegged by an agent of the applicant.
Pegged by		

Section C: Payment Details

Fee	Access claim – application for registration	\$		ⓘ 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				

NOTE: Each party must complete a separate copy of the 'applicant details' page and attach to this application.



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		ⓘ Provide the total number of applicants.
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Applicant type: **Company**

Company name					ⓘ 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					ⓘ 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		Fax			

Contact Person for Queries

Contact Name		Position / Role		ⓘ A contact person must be nominated for each client.
Email				
Telephone		Mobile		

Certified Correct

Name					ⓘ May be certified by any appropriate person.
Signature					