



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 2		<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 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.		OFFICE USE ONLY RECEIPT	
	<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)			
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.
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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				