



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		ⓘ 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			ⓘ Multiple claims may be listed. ⓘ Attach additional information as necessary.
Location of claim			
Holder name(s) and percentage share	1.	%	
	2.	%	
Access claim number			
Location of claim			
Holder name(s) and percentage share	1.	%	
	2.	%	

Section C: Contact person

Contact name		Position title		ⓘ 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		ⓘ 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		\$		<p> Refer to the current fee schedule for the applicable fee.</p> <p>CVV Code is the last 3 digits printed in the signature block on the back of the credit card.</p>
Payment Method	<input type="checkbox"/> Cheque - made out to 'DEM'			OFFICE USE ONLY	
	<input type="checkbox"/> Credit card - provide details below			RECEIPT	
Card Number			Visa / MasterCard (circle one)		
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	<input type="text"/>	%	Applicant number	<input type="text"/>	of	<input type="text"/>	<i>i</i> Provide the total number of applicants.
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Applicant type: **Company**

Company name	<input type="text"/>			<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	<input type="text"/>	ACN	<input type="text"/>	
Registered address line 1	<input type="text"/>			
Registered address line 2	<input type="text"/>			
Suburb / Locality	<input type="text"/>	State	Postcode	
<input type="checkbox"/> Individual				
Surname	<input type="text"/>	Given names	<input type="text"/>	

Applicant Contact Details Postal address is the same as company registered address above

Postal Address Line 1	<input type="text"/>			<i>i</i> Provide a postal address if it is different to the registered business street address.
Postal Address Line 2	<input type="text"/>			
Suburb / Locality	<input type="text"/>	State	Postcode	
Email	<input type="text"/>			
Website	<input type="text"/>			
Telephone	<input type="text"/>	Mobile	<input type="text"/>	

Contact Person for Queries

Contact Name	<input type="text"/>	Position title	<input type="text"/>	<i>i</i> A contact person must be nominated for each client.
Email	<input type="text"/>			
Telephone	<input type="text"/>	Mobile	<input type="text"/>	
Do you consent to receiving electronic correspondence from the Department regarding tenement matters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Certified Correct

Name	<input type="text"/>			<i>i</i> May be certified by any appropriate person.
Signature	<input type="text"/>			