



ACCESS CLAIM: SURRENDER OF REGISTERED CLAIM

USE THIS FORM TO: Surrender 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		Expiry date		ⓘ Attach additional information if required.
Location of claim				
Holder name(s) and percentage share	1.		%	
	2.		%	

Section C: Removal of pegs (Not required if claim was identified in an alternate manner)

Pegs removal date		ⓘ Pegs must be removed before surrender of claim.
Pegs removed by		

Section D: 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 E: Declaration that application is complete and accurate

I declare the information provided in this application is complete and accurate.

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).



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 that the applicant's details are correct

Name				<i>i</i> May be certified by any appropriate person.
Signature				