



ACCESS CLAIM: SURRENDER OF REGISTERED CLAIM

USE THIS FORM TO: Surrender an access claim that is currently registered

Section A: Claim details

Access claim number				ⓘ Attach additional information as necessary.
Claim location				
Holder name/s and percentage share	1.		%	
	2.		%	

Section B: Removal of pegs

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

Section C: Contact information

Contact name				ⓘ Contact person must be nominated for any queries.
Position				
Email				
Telephone		Fax		

Section D: Certification that surrender is complete and correct

	COMPANY REPRESENTATIVE OR INDIVIDUAL		COMPANY REPRESENTATIVE OR INDIVIDUAL'S WITNESS		ⓘ COMPANY: must be signed by appropriate representative/s. INDIVIDUAL: witness certifies that the individual named above is the person whose signature appears here.
Print name	1.		2.		
Role	1.		2.		
Date signed	1.		2.		
Signature	1.		2.		
Applications in an individual's name must be witnessed by a person who is not a beneficiary of the application (e.g. not a joint applicant).					