|  |  |  |
| --- | --- | --- |
| **FORM 06** | Mining Act 1971 (“the Act”) - Part 4 | C:\UserData\Documents\gosa_BW_v.png |
| **MINERAL CLAIM: SURRENDER OF REGISTERED CLAIM** | |
| **USE THIS FORM TO:** | Surrender a mineral claim that is currently registered. | |

**Section A:** Applicant(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME OF COMPANY or INDIVIDUAL | % SHARE | | MC900293188[1]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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mineral claim number |  | Expiry date |  | | MC900293188[1]Attach additional information if required. |
| Claim location |  | | | |
| Holder name(s) and percentage share | 1. | | | % |
| 2. | | | % |

**Section C:** Removal of pegs (not required if claim identified in alternate manner)

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

**Section D:** Contact person

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact name |  | Position title |  | MC900293188[1]Contact person **must** be nominated for any queries. |
| Email |  | | |
| Telephone |  | Mobile |  |
| Do you consent to receiving electronic correspondence from the Department regarding tenement matters? | |  |  |

**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 | | MC900293188[1]Ensure that applicants sign in the correct order 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).

|  |  |  |
| --- | --- | --- |
| **FORM 06** | Mining Act 1971 (“the Act”) - Part 4 | C:\UserData\Documents\gosa_BW_v.png |
| **MINERAL 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 invidual per page only. No joint names. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This applicant’s percentage share |  | **%** | Applicant number |  | of |  | MC900293188[1]Provide the total number of applicants. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant type: |  |  | |  |  |  |
| Company name |  | | | | | MC900293188[1]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 |
|  |  |  |  | |  |
| Surname |  | Given names |  | | |
| Applicant Contact Details | | | | | |  |
| Postal Address Line 1 |  | | | | | MC900293188[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 |  | Mobile |  | | |
| Contact Person for Queries | | | | | |  |
| Contact Name |  | Position title |  | | | MC900293188[1]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? | |  |  | | |
| Certified Correct | | | | | |  |
| Name |  | | | | | MC900293188[1]May be certified by any appropriate person. |
| Signature |  | | | | |