|  |  |  |
| --- | --- | --- |
| **FORM 28** | Mining Act 1971 (the ‘Act’) - Part 3 | gosa_BW_v |
| **PRIVATE MINE – ROYALTY LIABILITY** | |
| **USE THIS FORM TO:** | Notify the Minister that another party is authorised to carry out authorised operations at a private mine and is to assume liability for the payment of royalty, pursuant to section 17AB(8) of the Act. | |

**Section A:** Private Mine (PM)

|  |  |  |
| --- | --- | --- |
| List the private mine number(s) and location. |  | MC900293188[1]Multiple private mines may be listed. |
|  |

**Section B:** Proprietor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proprietor name |  | | | | MC900293188[1]Provide the details of the current proprietor.  If a company, contact person must be nominated for any queries. |
| Contact name |  | Position title |  | |
| Postal address |  | | | |
| Suburb/Locality |  | |  |  |
| State | Postcode |
| Email |  | | | |
| Telephone |  | Mobile |  | |
| Do you consent to receiving electronic correspondence from the Department regarding tenement matters? | |  |  | |

**Section C:** Party carrying out authorised operations and liable for royalty

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Party name |  | | | | MC900293188[1]Provide the details of the party that is carrying out authorised operations and accepting liability for royalty.  If party is a company, contact person must be nominated for any queries. |
| Contact name |  | Position title |  | |
| Postal address |  | | | |
| Suburb/Locality |  | |  |  |
| State | Postcode |
| Email |  | | | |
| Telephone |  | Mobile |  | |
| Do you consent to receiving electronic correspondence from the Department regarding tenement matters? | |  |  | |

**Section D:** Declaration that notification is complete and accurate

I declare the information provided in this notification 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, 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:** Form must be signed by authorised officer/s in accordance with your company’s structure under the *Corporations Act 2001*, eg Director/Secretary, Sole Director etc. If signed by an agent, written authority must be provided.

**INDIVIDUAL:** Individual must sign as signatory 1, and a witness who is not a beneficiary of the change must sign as signatory 2.