Ressources naturelles et Faune
Québec

Application for amalgamation of map designated claims located within a parcel of land determined by the minister

SECTION 1: IDENTIFICATION

1.1 HOLDER OR HOLDER RESPONSIBLE

Name of company | Client No. | %

Last Name | First Name | Client No. | %

Address (number, street, or rural route) | Apt. | Town, Village, or Municipality

Province | Country | Postal Code | Area Code | Telephone (home) | Area Code | Telephone (office)

Area Code Fax | E-mail Address

1.2 HOLDER'S REPRESENTATIVE

Name of company | Client No.

Last Name | First Name | Client No.

Address (number, street, or rural route) | Apt. | Town, Village, or Municipality

Province | Country | Postal Code | Area Code | Telephone (home) | Area Code | Telephone (office)

Area Code Fax | E-mail Address

SECTION 2 PARCEL OF LAND DETERMINED BY THE MINISTER SUBJECT TO AMALGAMATION

SECTION 2.1 Address of the cell			SECTION 2.2 Numbers of the map designated claims located within the cell indicated in Section 2.1					
NTS	Row	Column						

How many map designated claims do you wish to amalgamate?

(Amalgative applications apply only to map designated claims obtained over parts of cells (30 seconds of latitude by 30 seconds of longitude)).
Note: If more space is needed, please print an additional page.

SECTION 3: REAL AND IMMOVABLE RIGHTS ENCOMBERING CLAIMS TO BE AMALGAMATED

Are the claims to be amalgated encombered by one or more real and immovable rights, such as a mortgage or agreement, of which the deed is registered in the Public Register of Real and Immovable Mining Rights? ☐ Yes. *(If you checked this box, you must attach the list of creditors to this application.)*

Have the creditors consented to the amalgamation of the titles into new map designated claims? ☐ Yes
(The titleholder is responsible for consulting creditors to obtain their consent to the amalgamation prior to submitting this application. A period of 60 days is provided after replacement to allow the holder to record the amended act in the public register of mining rights at no charge.)

SECTION 4: STATEMENT OF THE HOLDER RESPONSIBLE OF THE CLAIMS OR HIS REPRESENTATIVE

As a holder or holder representative, you are responsible of all information disclosed on this form.
Check the appropriate box; print your name; and date and sign the statement.

Statement of the Mining Rights Holder ☐ or his Representative ☐

Signatory's Last Name | Signatory's First Name | Client No.

I hereby certify that the information provided herein and on the attached documents is true and correct. I am the holder of these mining rights or the duly authorized representative of the holder.

X

DATE *SIGNATURE*