LEASE OR LICENCE: SURRENDER OR PARTIAL SURRENDER

USE THIS FORM TO: Apply to surrender all of one or more tenements, or part of one tenement.

Section A: Applicant(s)

<table>
<thead>
<tr>
<th>NAME OF COMPANY or INDIVIDUAL</th>
<th>% SHARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant 1</td>
<td></td>
</tr>
<tr>
<td>Applicant 2</td>
<td></td>
</tr>
</tbody>
</table>

Note: Each party must complete a separate copy of the ‘applicant details’ page attached to this form.

Section B: Tenement details

<table>
<thead>
<tr>
<th>Holder name(s) and percentage share</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

List the tenement(s) to be surrendered and their location

This form applies to: EL, ML, EML, MPL, RL

Section C: Surrender details

Select the type of surrender being requested

- I surrender the full tenement/s and the lands comprised within, and all my rights and title under the tenement
- I surrender the portion of the lands comprised in the tenement delineated in the attached plan, and all my rights and title under the tenement to the extent of the surrender

Section D: Contact person

<table>
<thead>
<tr>
<th>Contact name</th>
<th>Position title</th>
</tr>
</thead>
</table>

A contact person must be nominated and should have good knowledge of the application.

Do you consent to receiving electronic correspondence from the Department regarding tenement matters?

☐ Yes  ☐ No

Section E: Rehabilitation

Have mining operations been undertaken on the proposed surrender area?

- Yes  ☐ No

If yes, has the area been rehabilitated in accordance with the approved Program for Environment Protection and Rehabilitation (PEPR)?

- Yes  ☐ No

If yes, is the landowner satisfied with the rehabilitation?

- Yes  ☐ No

Landowner name and contact telephone, mobile and/or email

Note: If mining operations have occurred on the proposed surrender area, landowner contact details must be provided for the purpose of verifying the information in this section.
Section F: Declaration that application is complete and accurate

I, the applicant, declare:

- The information provided in this application is complete and accurate
- I understand that I (as the lease or licence holder) continue to hold, and be responsible for, the rights and obligations imposed by the lease or licence until such time as the surrender or partial surrender receives consent
- I have met, and will continue to meet, any applicable reporting requirements until such time as the surrender or partial surrender receives consent

**Check items to confirm your understanding of the surrender application process.**

<table>
<thead>
<tr>
<th>APPLICANT 1</th>
<th>Individual or Company Representative 1</th>
<th>Individual’s Witness or Company Representative 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Signature</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPLICANT 2</th>
<th>Individual or Company Representative 1</th>
<th>Individual’s Witness or Company Representative 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Signature</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>

**Ensure that applicants sign in the correct order, as listed on page 1.**

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).

OFFICE USE ONLY

Section G: Consent is given to this surrender

<table>
<thead>
<tr>
<th>Signature of the Minister or delegate under the Act</th>
<th>Date signed</th>
</tr>
</thead>
</table>

**OFFICE USE ONLY**
**LEASE OR LICENCE: 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.

<table>
<thead>
<tr>
<th>This applicant’s percentage share</th>
<th>%</th>
<th>Applicant number</th>
<th>of</th>
<th>Provide the total number of applicants.</th>
</tr>
</thead>
</table>

**Applicant type:**

- [ ] Company

**Company name**

**ABN**  
**ACN**

**Registered address line 1**

**Registered address line 2**

**Suburb / Locality**

**State**  
**Postcode**

**New company clients need to attach a copy of their certificate of business registration.**

- [ ] Individual

**Surname**

**Given names**

**Postal address is the same as company registered address above**

**Postal Address Line 1**

**Postal Address Line 2**

**Suburb / Locality**

**State**  
**Postcode**

**Provide a postal address if it is different to the registered business street address.**

**Applicant Contact Details**

**Postal Address Line 1**

**Postal Address Line 2**

**Suburb / Locality**

**State**  
**Postcode**

**Telephone**

**Fax**

**Contact Person for Queries**

**Contact Name**

**Position title**

**Email**

**Telephone**

**Mobile**

**A contact person must be nominated for each client.**

**Do you consent to receiving electronic correspondence from the Department regarding tenement matters?**

- [ ] Yes  
- [ ] No

**Certified Correct**

**Name**

**Signature**

**May be certified by any appropriate person.**