



Energy, Mines and Resources
Oil and Gas Management Branch

NOTICE OF OFFICAL SERVICE ADDRESS OF DESIGNATED REPRESENTATIVE OR SOLE HOLDER

Department File # _____

Date Received: _____
D / M / Y

To: **Rights Disposition Manager**
Oil and Gas Management Branch
Department of Energy, Mines and Resources
Suite 300-211 Main Street
Whitehorse, Yukon, Y1A 2B2

Registration No. _____

Date Registered _____
D / M / Y

Phone #: (867) 667-3512
Fax #: (867) 393-6262
E-mail: oilandgasdisposition@gov.yk.ca

DO NOT WRITE ABOVE THIS LINE. FOR DEPARTMENT USE ONLY.

A. Disposition (type and number) being affected by this notice: _____

B. Full name of sole holder or designated representative:

Name Sole Holder Client I.D.

C. Official Service Address:

Contact Name Capacity

Address

Province/Territory Postal Code

Phone Fax E-mail

D. Signature of sole holder or designated representative:

D / M / Y
(Date)

Name (please print)

Signature Capacity