



APPLICATION TO REDUCE THE AREA OF A CLAIM

Pursuant to subsection 26(1) of The Mineral Disposition and Mineral Lease Regulation, MR 64/92

In reference to:

Claim Number _____ being the _____ mining claim shown on

Claim Map No(s) _____

_____ (Holder)

of _____ (Address)

(City) _____ (Province) _____ (Postal Code) _____

Telephone No. _____ Fax No. _____

I hereby apply to reduce the area of the above noted claim in accordance with the attached application(s) to record the following:

Claim No(s). _____ Claim Name(s) _____

Dated this _____ day of _____, _____

_____ (Witness) _____ (Holder)

If the holder is not a resident of Manitoba, the name and address of a resident agent must be supplied.

Resident Agent _____

City _____ Province MANITOBA Postal Code _____

Telephone No. _____ Fax No. _____

Notes:

1. If this application is signed by an agent, the authority of the agent must be filed with the Recorder.
2. The area(s) to be retained must be staked out and tagged.
3. The holder's copy of the certificate for the original claim must be submitted with this application.
4. The claims applied for herein shall retain the recording date of the claim and the required work shall be governed accordingly.
5. A fee of \$14.00 must accompany this application. Make cheque payable to the **Minister of Finance, Manitoba**.

Applications to be filed at the Office of the Recorder

WINNIPEG
Unit 360
1395 Ellice Avenue
WINNIPEG, Manitoba
R3G 3P2
Phone: (204) 945-6527
Fax: (204) 948-2578

FLIN FLON
Barrow Building
Room 201, 143 Main Street
FLIN FLON, Manitoba
R8A 1K2
Phone: (204) 687-1630
Fax: (204) 687-1634

OFFICIAL USE ONLY	
Cheque/Cash/Auth No. _____	Date _____
Amount _____	Receipt No. _____
Payer _____	Amount _____
Claim No. _____	