



**ALLOCATION OF REQUIRED WORK CREDITS**

In accordance with subsection 83(1) of The Mines and Minerals Act

**PLEASE PRINT**

Name of Holder \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

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. \_\_\_\_\_

Group Certificate Number	Area in hectares	Applied Against Claim Number & Name	Work Performed on Claim/Lease Number & Name	Amount Applied	Amount Applied to Recover Cash Deposit	Total Years Applied For	Filing Fees

**Additional allocation may be made on the reverse.**

The required work credits are to be applied to the claims as shown above.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant/Holder

- NOTE:**
1. A fee of \$12.00 per claim per year applied for must accompany this application. Make cheque payable to the **Minister of Finance, Manitoba**. (Fee **NOT** required for Mineral Lease or Mineral Exploration Licence)
  2. This form may be used to allocate required work from credits or under a group certificate.

**Application to be filed at the Office of the Mining 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. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Payer \_\_\_\_\_  
 First File \_\_\_\_\_

Date \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Amount \_\_\_\_\_

ADDITIONAL ALLOCATION MAY BE MADE BELOW:

Group Certificate Number	Area in hectares	Applied Against Claim Number & Name	Work Performed on Claim/Lease Number & Name	Amount Applied	Amount Applied to Recover Cash Deposit	Total Years Applied For	Filing Fees

The required work credits are to be applied to the claims as shown above.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant/Holder