



MINES BRANCH

APPLICATION FOR RECORDING CHANGE OF HOLDER'S NAME ON MINERAL DISPOSITION(S)

I/We, _____

Address _____

City _____ Province _____ Postal Code _____

Name (Agent if applicant not resident of Manitoba) _____

Address _____

City _____ Province _____ Postal Code _____

do hereby request that my/our name be entered as holder in the record of the following Mineral Disposition(s):

I/We accept as holder of the above noted disposition(s), all the duties and responsibilities of holder pursuant to The Mines and Minerals Act, the Regulations thereunder, and all other relevant legislation; and I/We indemnify and save harmless the Crown in right of the Province of Manitoba from and against any and all claims of beneficial owners or other interested persons in relation to the above disposition(s), which claims may arise as a result of acts or omissions on my/our part.

Authorization under which this application is made.

Witness

Applicant

Application fee is \$13.00 per disposition.

Unit 360-1395 Ellice Avenue
Winnipeg, Manitoba
R3G 3P2
Telephone: (204) 945-3152
Fax: (204) 948-2578

Barrow Building
143 Main Street
Flin Flon, Manitoba R8A 1K2
Telephone: (204) 687-1630

OFFICIAL USE ONLY

Cheque/Receipt No. _____

Amount _____

Payer _____

Client No. _____

CASH STAMP