مغد	Indian and Northern
<b>T</b>	Affairs Canada

Affaires indiennes
et du Nord Canada

## FOR OFFICE USE ONLY

## CERTIFICATE OF EXTENSION

APPLICATION						
Name of claim holder(s)						
Mailing address					Prospector's licence no.(s) (Valid licence(s) required)	
If insufficient space, atta	□ ach a sheet which shall form a part of	f this do	cument.			
Reason for application			Work was to be done during the following period			
Illness (medical certificate attached)			From YYYY / MM / DD		To YYYY / MM / DD	
Other - Specify:						
Signature of claim(s) holder			Date			
	DEPARTMENT	T USE C	NLY			
The time in which the require	CERTIFI ed representation work to be performed it		ded to:		Extension no.	
		20				
General receipt no./Letter of credit no.			ntee depo	sit		
General receipt no.			Amount of fees			
Mining Recorder's signature			Date			

