

**STATEMENT VERIFYING INSPECTION
AND CONDITIONS OF
BOUNDARY LINES AND CLAIM POSTS
(INDIVIDUAL OR PARTNERSHIP)**



**FORM 9
PROVINCE OF NEW BRUNSWICK**

*SEE OTHER SIDE FOR THE FORM TO
BE USED BY A COMPANY*

(Mining Act, S.N.B. 1985, c. M-14.1, s. 56(9))

I, _____, of _____
(Name) (Mailing Address)

(Postal Code)

Prospecting Licence No. _____ holder of mineral claim(s) no.(s)* _____

Project or Group Name _____

in the County of _____, N.T.S. _____

verify that, in conformity with the MINING ACT, the boundary lines and claim posts of the above claim area or the external boundary lines and claim posts of the area of the above group of contiguous mineral claims, as the case may be, have been inspected and that, where necessary, work has been performed to restore the boundary lines and claim posts to the conditions required by the regulations.

Dated at _____, the _____ day of _____, 19____

Signature of Holder or Member of Partnership