Reset

STATEMENT VERFIYING INSPECTION AND CONDITIONS OF BOUNDARY LINES AND CLAIM POSTS (CORPORATION)

TO BE COMPLETED BY AUTHORIZED OFFICER

FORM 10
PROVINCE OF NEW BRUNSWICK

SEE OTHER SIDE FOR THE FORM TO BE USED BY AN INDIVIDUAL PERSON OR A REGISTERED PARTNERSHIP

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

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

_____ (Postal Code)

Authorized Officer of _____
(Corporation)

Mailing Address _____ (Postal Code)

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 _____, 20 ____

_____ Office

_____ Signature of Authorized Officer

60-1961 (8/86)

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