

TRANSFER

l,					
	Name of T	ransferor			
of Mailing Address		Postal Code			
Place o	f incorporation and location of hea	d office if Transferor i	s a body corpora	te	
holder of licence to search/lease	in consideration of the s	sum of do	ollars or other va	luable consideration	paid to
me / the transferor hereby transfer(s)	interest in *	located in	grid area	N	W
%	right I.	D.			
including section(s)					
to	Name of T				
	Name of 1	ransieree			
of Mailing Address Postal Code					
Place of inc	corporation and location of head off	fice if Transferee is a	body corporate		
Note: If the Transferor is a body corporate, the	transfer must be signed by two au	uthorized officers and	must be sealed v	with the corporate se	eal, and the
Corporate Affidavit must be completed.	,			·	,
SIGNED, SEALED AND DELIVERED at	city		day	month	year
	City		uay	month	yeai
		President			
				(Co	orporate Seal)
		Secretary / Tre	asurer		
		occidiary / Tre	Sasaroi		
Note: If the Transferee is not a resident of New	v Brunswick, give name and addre	ss of attorney for serv	vice in New Bruns	swick:	
Name					
Address for service					
Mailing Address	Pos	stal Code			

^{*}Single form may be completed and list of rights appended.