

Determination of common claim expiry date and reduction of term

SECTION 1 : IDENTIFICATION

1.1 HOLDER RESPONSIBLE

Name of company		Company registration n°		Client n°	
Name		First name		Client n°	
Address (number, street, R.R. or P.O. box)			App.	City, town or municipality	
Province	Country	Postal code	Area code	Telephone (home)	Area code Telephone (office) Ext.
Area code Fax		E-mail address			

SECTION 2 : COMMON EXPIRY DATE OR REDUCTION OF TERM

2.1 NEW EXPIRY DATE

The date requested must be prior to the average unexpired portion of the terms of all claims concerned by the application.

Year Month Day

2.2 LIST OF CLAIMS TO MODIFY

CLAIM N°	CLAIM N°	CLAIM N°	CLAIM N°

Note : If the space is insufficient, print another page

2.3 REGISTRATION FEES

The application for the determination of a common expiry date and reduction of term must be submitted along with the registration fees which amount to 10 \$ per claim. The payment must be made out to the « Minister of Finance ».

Amount to enclose : number of claims X 10 \$ = \$

SECTION 3 : STATEMENT

Write your name and first name using block letters.

Name of signatory _____ First name of signatory _____

I hereby certify that all information disclosed in this form is accurate and complete.

DATE _____ SIGNATURE _____

This form must be forwarded to the following address :
 Ministère des Ressources naturelles et de la Faune
 880, chemin Sainte-Foy, 4^e étage
 Québec (Québec) G1S 4X4
 Charlesbourg (Québec) G1H 6R1

FILE
 REGISTRATION DATE _____