

SECTION 1 : IDENTIFICATION

Name of company		Company registration n°		Client n°	%
Name		First name	Date of birth	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			

1.2 OTHER APPLICANT

Name of company		Company registration n°		Client n°	%
Name		First name	Date of birth	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			

1.3 OTHER APPLICANT

Name of company		Company registration n°		Client n°	%
Name		First name	Date of birth	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			

Note : If the space is insufficient, print another page

1.4 MAILING ADDRESS (IF DIFFERENT FROM RESPONSIBLE APPLICANT'S ADDRESS)

Name of company		Company registration n°		Client n°	%
Name		First name	Date of birth	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 : STATEMENT

Write your name and first name in block letters

Name of signatory	First name of signatory

I hereby certify the accuracy of the information disclosed herein.

DATE

X

SIGNATURE

This form must be forwarded to the following address :
 Ministère des Ressources naturelles et de la Faune
 Direction des titres miniers et des systèmes
 880, chemin Sainte-Foy, 4^e étage
 Québec (Québec) G1S 4X4
 Fax : (418) 643-9297
 Or filled in person at a regional office designated by ministerial order.

