

Notice of staking

Please note that all information disclosed in this form will be registered in the public Register of real and immovable mining rights.

SECTION 1 : IDENTIFICATION

1.1 RESPONSIBLE 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			

1.2 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 PRINCIPAL 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
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I hereby declare that I am familiar with sections 32 et 33 of the Mining Act and that I have accordingly obtained the required authorizations. I 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
Or filled in person at a regional office designated by ministerial order

FILE _____
REGISTRATION DATE _____

