#### SECTION 1: IDENTIFICATION

**1.1 HOLDER OR HOLDER RESPONSIBLE**

Name of corporation Client No. %

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|       |       |       |

Last Name First Name Client No. %

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Address (number, street, or rural route) Apt. Town, Village, or Municipality

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###### Province Country Postal Code Area Code Telephone (home) Area Code Telephone (office)

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Area Code Fax E-mail Address

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**1.2 HOLDER'S REPRESENTATIVE**

Name of corporation Client No. %

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Last Name First Name Client No. %

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Address (number, street, or rural route) Apt. Town, Village, or Municipality

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###### Province Country Postal Code Area Code Telephone (home) Area Code Telephone (office) Ext.

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**Area Code Fax E-mail Address**

#### SECTION 3: AGREEMENT BETWEEN HOLDERS REGARDING THE BOUNDARIES OF THE TITLES TO BE CONVERTED

#### SECTION 2: LOCATION OF THE MINING RIGHTS TO BE CONVERTED

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(C) Township, (P) Parish, (S) Seignory, and (F) NTS Sheet

C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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Does the Department's digitized map show one or more mining titles held by a third party within 400 m of the titles that you wish to convert?

[ ]  Yes. How many holders, other than you, hold claims within 400 m of your property?

Do the holders of titles located within 400 m of your property agree to the location of your claims as indicated on the Department's digitized map?

[ ]  Yes. You may attach a summary document to this application for this purpose. Each document must be signed by the appropriate holder.

[ ]  No. You must enter into and sign an agreement with each holder and append it to this application.

 *You may use the form entitled "Agreement between mining rights holders on the boundaries of titles to be converted or replaced."*

#### SECTION 4: DISTRIBUTION OF EXCESS WORK

#### SECTION 4: APPORTIONMENT OF EXCESS WORK

How do you wish the excess work to be distributed? *Select the appropriate box.*

[ ]  Among all map designated claims.

 *\*If unchecked, the excess work will be distributed among all new map designated claims based on their surface area.*

[ ]  According to the actual location of the work

 *\*The holder must provide the distribution of the excess work and take into account the actual location of the work.*

#### SECTION 5: LIST OF TITLES FOR CONVERSION AND THEIR LOCATIONS

Do you accept the location of claims to be converted or replaced on the Department's official mining rights map?

[ ]  Yes. *(If you check this box, you do not need to enter the coordinates of the points for each angle of the perimeter of the titles to be converted.)*

[ ]  No. I request that the claims be repositioned according to the perimeter's coordinates indicated in this section prior to conversion.

 *(If you check this box, you must enter the coordinates of the points for each angle in the perimeters of the titles to be converted.)*

*Attach a copy of the Department's digitized map indicating the perimeter of the titles to be converted and, if applicable, appoint a number to each point of the perimeter of each titles to be converted.*

# CL or PRS number

### Geographic Coordinates (NAD 83) of the Perimeter

##### RANGE

### LOT

BLOCK

**Latitude (North)**

##### (DD° MM' SS,SS")

## PointNumber

### If appropriate, describe the surveyed parcel of land of the titles to be converted.

**Longitude (West)**

**(DD° MM' SS,SS")**

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Indicate the number of claims that you wish to convert:

*(Conversion applications apply only to staked claims.)*

*Note: If more space is needed, please print an additional page.*

#### SECTION 6: STATEMENT

As a holder or holder representative, you are responsible of all information disclosed on this form.

*Check the appropriate box; print your name; and date and sign the statement.*

Statement of the Mining Rights Holder [ ]  or his Representative [ ]

Signatory's Last Name Signatory's First Name Client No

|  |  |  |
| --- | --- | --- |
|       |       |       |

*I hereby certify that the information provided herein and on the attached documents is true and correct. I am the holder*

*of these mining rights or the duly authorized representative of the holder.*

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*DATE SIGNATURE*

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| This form can be: **Sent to the following mailing address**Ministère des Ressources naturelles et des ForêtsDirection des affaires minières et de la coordination5700, 4e Avenue Ouest, local C-320Québec (Québec) G1H 6R1 | **or emailed** to: services.mines@mern.gouv.qc.ca**or faxed** to 418 643-9297 |