**1. IDENTIFICATION**

**1.1 CURRENT IDENTIFICATION (Previous address)**

Name of the company Company registration no Client no %

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

Name First name Date of birth Client no %

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

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 MODIFIED IDENTIFICATION (New address)**

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

\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE

|  |  |
| --- | --- |
| This form can be:**Sent to the following address:** Ministère des Ressources naturelles et des Forêts Service de la gestion des droits miniers 5700, 4e Avenue Ouest, local C-320 Québec (Québec) G1H 6R1 **or****Faxed** to 418 643-9297 **or****Emailed** to : services.mines@mern.gouv.qc.ca | FOR DEPARTMENTAL USE ONLYFile: Registration date:  |

**Note:** You may make your change of address on GESTIM Plus using the online form under Forms online and Intervenant at[**https://gestim.mines.gouv.qc.ca**](https://gestim.mines.gouv.qc.ca/)