

SECTION 1: IDENTIFICATION

1.1 HOLDER OR HOLDER RESPONSIBLE

Name of corporation							Client No.	%
<input type="text"/>							<input type="text"/>	<input type="text"/>
Last Name			First Name		Client No.			%
<input type="text"/>			<input type="text"/>		<input type="text"/>			<input type="text"/>
Address (number, street, or rural route)				Apt.	Town, Village, or Municipality			
<input type="text"/>				<input type="text"/>	<input type="text"/>			
Province	Country	Postal Code		Area Code	Telephone (home)	Area Code	Telephone (office)	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Area Code Fax		E-mail Address						
<input type="text"/>		<input type="text"/>						

1.2 HOLDER'S REPRESENTATIVE

Name of corporation							Client No.	
<input type="text"/>							<input type="text"/>	
Last Name			First Name		Client No.			
<input type="text"/>			<input type="text"/>		<input type="text"/>			
Address (number, street, or rural route)				Apt.	Town, Village, or Municipality			
<input type="text"/>				<input type="text"/>	<input type="text"/>			
Province	Country	Postal Code		Area Code	Telephone (home)	Area Code	Telephone (office)	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Area Code Fax		E-mail Address						
<input type="text"/>		<input type="text"/>						

SECTION 2 PARCEL OF LAND DETERMINED BY THE MINISTER SUBJECT TO AMALGAMATION

SECTION 2.1 Address of the cell			SECTION 2.2 Numbers of the map designated claims located within the cell indicated in Section 2.1					
NTS	Row	Column						

How many map designated claims do you wish to amalgamate?
 (Amalgative applications apply only to map designated claims obtained over parts of cells (30 seconds of latitude by 30 seconds of longitude)).
 Note: If more space is needed, please print an additional page.

SECTION 3: STATEMENT OF THE HOLDER RESPONSIBLE OF THE CLAIMS OR HIS REPRESENTATIVE

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.

DATE _____ SIGNATURE 

This form can be: Sent to the following mailing address Ministère de l'Énergie et des Ressources naturelles Direction des affaires minières et de la coordination 5700, 4e Avenue Ouest, local C-320 Québec (Québec) G1H 6R1	or emailed to: services.mines@mern.gouv.qc.ca or faxed to: 418 643-9297
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