**1. IDENTIFICATION**

**1.1 CURRENT IDENTIFICATION (Previous address)**

Name of the company Company registration no Client no %

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

Name First name Date of birth Client no %

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Address (number, street, R.R. or P.O. box) App. City, town 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**

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**1.2 MODIFIED IDENTIFICATION (New address)**

Address (number, street, R.R. or P.O. box) App. City, town 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**

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

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

DATE SIGNATURE

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| --- | --- |
| 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](mailto:services.mines@mern.gouv.qc.ca) | FOR DEPARTMENTAL USE ONLY  File:  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/)