

MINES BRANCH

**APPLICATION FOR RECORDING CHANGE OF HOLDER'S NAME
ON MINERAL DISPOSITION(S)**

I/We,

Address

City Province Postal Code

Email

Name (Agent if applicant not resident of Manitoba)

Address

City Province Postal Code

Email

do hereby request that my/our name be entered as holder in the record of the following Mineral Disposition(s):

I/We accept as holder of the above noted disposition(s), all the duties and responsibilities of holder pursuant to The Mines and Minerals Act, the Regulations thereunder, and all other relevant legislation; and I/We indemnify and save harmless the Crown in right of the Province of Manitoba from and against any and all claims of beneficial owners or other interested persons in relation to the above disposition(s), which claims may arise as a result of acts or omissions on my/our part.

Authorization under which this application is made.

Witness Applicant

Application fee is \$15.00 per disposition.

Unit 360-1395 Ellice Avenue
Winnipeg, Manitoba R3G 3P2
Telephone: 204-945-3152
Fax: 204-948-2578

Email: mines_br@gov.mb.ca
Website: www.gov.mb.ca/iem/mines/imags/index.html

OFFICIAL USE ONLY	
Cheque/Cash/Auth. No. _____	Date _____
Amount _____	Receipt No. _____
Payer _____	Amount: _____
Client No. _____	