#### SECTION 1: IDENTIFICATION

**1.1 HOLDER OR HOLDER RESPONSIBLE**

Name of corporation Client No. %

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

Last Name First Name Client No. %

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

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

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

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

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

**Area Code Fax E-mail Address**

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

**1.2 HOLDER'S REPRESENTATIVE**

Name of corporation Client No.

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

Last Name First Name Client No.

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

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

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

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

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

**Area Code Fax E-mail Address**

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

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

# SECTION 2.2

# Numbers of the map designated claims located within

# the cell indicated in Section 2.1

# SECTION 2.1

# Address of the cell

#  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.

|  |  |  |
| --- | --- | --- |
|  |  | X |

 DATE SIGNATURE

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