**1.1 HOLDER OR HOLDER RESPONSIBLE**

#### SECTION 1: IDENTIFICATION

Name of corporation Client No. %

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Last Name First Name Client No. %

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Address (number, street, or rural route) Apt. Town, Village, 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 HOLDER'S REPRESENTATIVE**

Name of corporation Client No.

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Last Name First Name Client No.

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Address (number, street, or rural route) Apt. Town, Village, 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: LOCATION OF THE MAP DESIGNATED CLAIMS

(C) Township, (P) Parish, (S) Seignory, and (F) NTS Sheet

C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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C, P, S, or F Name of Township, Parish, or Seignory NTS Map Sheet

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#### SECTION 3: AGREEMENT BETWEEN HOLDERS REGARDING THE BOUNDARIES OF THE TITLES TO BE REPLACED

Does the Department's digitized map show one or more mining titles held by a third party within 400 m of the titles that you wish to replace?

[ ]  Yes. How many holders, other than you, hold claims within 400 m of your property?

Do the holders of titles located within 400 m of your property agree to the location of your claims as indicated on the Department's digitized map?

[ ]  Yes. You may attach a summary document to this application for this purpose. Each document must be signed by the appropriate holder.

[ ]  No. You must enter into and sign an agreement with each holder and append it to this application.

 *You may use the form entitled "Agreement between mining rights holders on the boundaries of titles to be converted or replaced."*

#### SECTION 4: DISTRIBUTION OF EXCESS WORK

How do you wish the excess work to be distributed? *Select the appropriate box.*

[ ]  Among all map designated claims.

 *\*If unchecked, the excess work will be distributed among all new map designated claims based on their surface area.*

[ ]  According to the actual location of the work

 *\*The holder must provide the distribution of the excess work and take into account the actual location of the work.*

#### SECTION 5: LIST OF TITLES FOR REPLACEMENT AND THEIR LOCATION

Do you accept the location of the claims to be replaced on the Department's official mining rights map?

[ ]  Yes *(If you check this box, you do not need to enter the coordinates of the points for each angle of the perimeter of the claims to be replaced.)*

[ ]  No. I request that the claims be repositioned according to the perimeter's coordinates indicated in this section prior to replacement.

 *(If you check this box, you must enter the coordinates of the points for each angle in the perimeters of the claims to be replaced.)*

*Attach a copy of the Department's digitized map indicating the perimeter of the titles to be replaced and, if applicable, appoint a number to each point of the perimeter of each claim to be replaced.*

### Geographic Coordinates (NAD 83) of the Perimeter

BLOCK

##### LOT

### RANGE

# No.of the Map Designated Claim

**Longitude (West)**

**(DD° MM' SS,SS")**

**Latitude (North)**

##### (DD° MM' SS,SS")

## PointNumber

### If applicable, describe the surveyed parcel of land of the titles to be replaced.

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How many map designated claims do you wish to replace?

*(Applications for replacement apply only to map designated claims obtained over cells in the form of lots or mining blocks.)*

*Note: If more space is needed, please print an additional page.*

#### SECTION 6: STATEMENT

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 [ ]  His Representative [ ]

Signatory's Last Name Signatory's First Name Client No.

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*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*

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| --- | --- |
| 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 |