**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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| --- | --- |
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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*

|  |  |
| --- | --- |
| This form can be: **Sent to the following mailing address**  Ministère des Ressources naturelles et des Forêts  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](mailto:services.mines@mern.gouv.qc.ca)  **or faxed** to 418 643-9297 |