Application for amalgamation of map designated exclusive exploration rights located within a parcel of land determined by the minister

SECTION 1:	IDENTIFI	CATION									
1.1 HOLDER	R OR HOLDE	R RESPO	NSIBLE								
Name of corporation										%	
Last Name						First Na	ne		Client No.	%	
Address (number, street, or rural route)						Apt.	Town, Village, or	Municipality			
Province			Country	Posta	I Code	Area Co	de Telephone (home	e) Area Code	Telephone	e (office)	
E-mail Address							-		-		
1.2 HOLDER'S REPRESENTATIVE Name of corporation											
Last Name First Name											
Address (number, street, or rural route) Apt. Town, Village, or Municipality											
Province		Country	Postal Code Area Code Telephone (home) Area Code					Telephone	e (office)		
E-mail Address							-		-		
	PAROFI										
SECTION 2 PARCEL OF LAND DETERMINED BY THE MINISTER SUBJECT TO AMALGAMATION											
SECTION 2.1 SECTION 2.2 Address of the cell Numbers of the map designated exclusive explo NTS Row Column the cell indicated in Sectio									located with	nin	
NTS	Row	Colum	າກ			the	cell indicated in a	Section 2.1			
How many map of (Amalgative appl longitude)). Note: If more spa	lications apply o	only to map	designated	l exclusive exp			d over parts of cells (30 seconds of latitude	by 30 seconds	of	
					PONSIBL	E OF TH	E EXCLUSIVE I	EXPLORATION R	IGHTS OR	HIS	
	REPRES	ENTATIV	Έ								
As a holder or ho Check the approp	lder representa	ative, you ar	e responsit	ble of all inform	nation disclo	sed on this	s form.				
Statement of the				-	presentative						
Signatory's Last Name							s First Name		Client No.		
I hereby certify the of these mining right						nts is true	and correct. I am the	holder			
DATE					X 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							or emailed to: services.mines@mrnf.gouv.qc.ca				