

## **REPUBLIC OF NAMIBIA**

## MINISTRY OF MINES AND ENERGY

Receipt No:		entered	,	
·	in FLEXI:			
Reference: 14/2/2/1/2/:				
Full name of applicant:				
Postal Address:				
Residential/Registered Address:				
Contact Details: Telephone Home:		Telephone	Work:	
Fax: Cell phone:		Fms	nil·	
Tax				
			YES	NO
Are mining operations ongoing as per section 3	31(1)(a) of	he Act?		
Are all monthly reports submitted as per section	n 45(1) of t	he Act?		
Are all claim fees paid up as per section 123(1)	(b) of the A	Act?		
If the answer is "NO" to any of the questions,	please su	bmit an expla	nation for the fa	ailure to com
with the requirements of the mentioned section	ns of the Ad	t:		
IMPORTANT NOTE:				
Details of any change in personal of corpora agent, must be provided on the prescribed forn				
this application.		JI Section 41(1	)(j) of the Act al	пи аррепиес
Indicate the attachment of any of the following	forms:			
	YES	NO		
Change in Personal Particulars				
Change in Corporate Particulars				
Change in Particulars of Accredited Agent				

## \* Particulars of Mining Claim/s which registration is/are to be renewed must be noted on page 4 of this application form.

Particulars of mining operations carried out on the mining claim/s whose registration is/are to be renewed, in the registration period immediately preceding this application. Nature of Operations: Open-Cast (tick appropriate box) Underground Both Period/s of operation/s: From To 20 . . . . . From To ..... 20 . . . . . From To ...... Tonnes Mined: The total of the WASTE plus ORE must be equal to the TOTAL; The MEASURING UNIT used should be the SAME at ALL TIMES (tonnes, grammes, kilogrammes, etc). The unit must be indicated after each measurement!!! Total Waste: ..... Ore: ...... Mineral Product(s) Recovered: Nature: Mass/Volume: Value: . Mineral Product(s) Sold or Disposed of: Nature: ..... Mass/Volume: Value: . Total Expenditure Incurred: N\$...... Total Number of Residents at Mine: ...... 

Particulars of the condition of, and any existing damage to, the environment at the time of this application:

AREA AFFECTED BY -	EXTEN	NT IN HECTARES
OPEN-CAST WORKINGS		
UNDERGROUND WORKINGS	3	
PROCESSING PLANT		
WASTE DUMPS/SLIMES DAM	<b>IS</b>	
EMPLOYEES HOUSING		
OTHER		
Indicate the planned nature of ongoing		
Estimate effects of ongoing mining op		
prevent such effects:	·	·
provent such chects		
Furnish details of any other matter whi		
		• •
In the case of all applicants, attach to changes in personal/corporate particuthis application.		
The prescribed annual mining classification (cheques to be paid in fa		
I declare to the best of my knowled and correct. Any false and/or misl application invalid and shall lead to	eading statement made in this	application shall render this
FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	20
FULL NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
OFFICIAL CAPACITY	han dina dan	
(Claim holder; accredited agent; mem	ber; director)	

Please note that in terms of the provisions of Sub-sections 133(b) and (c) of Act 33 of 1992, any person who:

- makes or causes to be made in connection with any provisions of this Act any statement which is false or misleading knowing it to be false or misleading; or
- submits or causes to be submitted in connection with any application or any notice, report, return or statement issued or given under any provision of this Act or the terms and conditions of any non-exclusive prospecting licence, mining claim or mineral licence, any document, information or particulars which are false or misleading knowing them to be false or misleading.

shall be guilty of a criminal offence and on conviction liable to a fine not exceeding N\$8 000 or to imprisonment for a period not exceeding 12 months or to both such fine and such imprisonment.

Particulars of Mining Claim/s whose registration is/are to be renewed:

DATE OF	ORD.	REGISTERED	FARM NAME	MAGISTERIAL	GROUP(S) OF MINERAL(S)	NAME <u>AND</u> POSTAL
PEGGING	NO.'S	NO.'S	<u>AND</u> NUMBER	DISTRICT/REGION		ADDRESS OF LAND OWNER