

REPUBLIC OF NAMIBIA

MINISTRY OF MINES AND ENERGY
MINERALS ANCILLARY RIGHTS COMMISSION

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E-mail: info@mme.gov.na
Website: www.mme.gov.na

6 Aviation Road
Private Bag 13297
WINDHOEK

APPLICATION TO GRANT AN ANCILLARY RIGHT

(Part XV of the Minerals (Prospecting And Mining) Act, No. 33 of 1992)

* PARTICULARS OF APPLICANT

Full name of applicant:

Postal Address:

Residential Address:

Tel No. (h): Tel No. (w): Cell:

Fax No: E-mail:

Mineral Licence Type: Licence Number:

Non-Exclusive Prospecting Licence Number:

Mining Claim Number(s):

* REASONS WHY APPLICATION IS MADE

STATE REASONS WHY AN APPLICATION IS MADE FOR AN ANCILLARY RIGHT AND
UNDER WHICH CIRCUMSTANCES THE APPLICANT IS PREVENTED TO EXERCISE
HIS/HER RIGHT UNDER THE LICENCE INDICATED ABOVE

(Append a separate page if necessary)

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*** NATURE OF ANCILLARY RIGHT REQUIRED**

STATE THE NATURE OF ANCILLARY RIGHT REQUIRED

(Append a separate page if necessary)

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*** PARTICULARS OF LAND OWNER AND FARM**

GIVE A DESCRIPTION OF THE LAND IN RESPECT OF WHICH THE RIGHT IS REQUIRED

Full Name of Land Owner:

Postal Address:

Tel No. (h): Tel No. (w): Cell:

Fax No: E-mail:

Farm Name: Farm Number:

Magisterial District: Registration Division:

FURNISH DETAILS (IF ANY) OF ANY MATTER WHICH IN THE OPINION OF THE APPLICANT IS RELEVANT TO THE APPLICATION

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PLEASE NOTE THE AREAS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED IN FULL. OMISSION TO COMPLETE THE REQUIRED AREAS WILL RESULT IN THE NON-PROCESSING OF THE APPLICATION

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

_____	_____	_____ 20__
SIGNATURE OF APPLICANT	FULL NAME OF APPLICANT	DATE

The deponent declares that he/she is familiar with, and understands the contents of this application. This was sworn to/solemnised before me

At _____ on the _____ day of _____ 20__

_____	_____
EX OFFICIO COMMISSIONER OF OATHS	DATE STAMP