December 2022

Application for change of contact details for small-scale title-related matters within the Lightning Ridge or White Cliffs Mineral Claims District

# *Form SST14 Mining Act 1992*

# Lodgement information

For help with lodging this application or more information about small-scale titles in New South Wales, contact:

**Mining, Exploration and Geoscience**

Small-Scale Titles Team

Phone +61 2 6820 5200

Fax +61 2 6829 0825

lightningridge.office@regional.nsw.gov.au or whitecliffs@regional.nsw.gov.au

Note

* any reference to the ‘**Department**’ in this form refers to **Regional NSW**

How to submit this form

Applications within the Lightning Ridge or White Cliffs Mineral Claims District

* **By email:** Send an electronic copy of your form, including any attachments, to lightningridge.office@regional.nsw.gov.au (for Lightning Ridge Mineral Claims District) or white.cliffs@regional.nsw.gov.au or (for White Cliffs Mineral Claims District)
* **By mail:** Mail your form, including any attachments, to Mining, Exploration & Geoscience, Titles Assessment, PO Box 314, Lightning Ridge NSW 2834
* **By fax:** Fax your form, including any attachments, to +61 2 6829 0825
* **In-person:** Submit your form, including any attachments, at the Department Office, 41 Opal Street, Lightning Ridge, New South Wales.
* Office hours are 9.30 am to 1.00 pm and 2.00 to 4.00 pm on Monday through Thursday, and 9.30 am to 1.00 pm on Friday.

**© State of New South Wales through Regional NSW 2022**. The information contained in this publication is based on knowledge and understanding at the time of writing in December 2022. However, because of advances in knowledge, users are reminded of the need to ensure that the information upon which they rely is up to date and to check the currency of the information with the appropriate officer of the Regional NSW or the user's independent adviser.

**Privacy statement**

This information is collected by the Department for the purposes of assessing an application for an authorisation or an application associated with an authority as required by the *Mining Act 1992* or Mining Regulation 2016.

This information may also be used by the Department to comply with its public register and record-keeping requirements under the *Mining Act 1992* and Mining Regulation 2016, to confirm applicant details in the event that subsequent applications are made and to establish and maintain databases to assist the Department with its work generally.

Except for purposes required by law, your personal information will not be disclosed to third parties unless the disclosure is directly related to the purpose for which the information was collected, and the Department has no reason to believe you would object to the disclosure or you are reasonably likely to have been aware or have been made aware, that information of that kind is usually disclosed to that other person or body, or the Department believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person. You may apply to the Department to access and correct any personal information the Department holds about you if that information is inaccurate, incomplete, not relevant or out of date.

# When to use this form

**This form is to be completed by individuals and/or companies applying to change their contact details for any small-scale title-related matters within the Lightning Ridge or White Cliffs Mineral Claims District.**

If there is insufficient room in any of the fields, please provide the information as an attachment.

# Important notes

Accompanying documentation

This application requires the applicant to provide proof of identity, such as a valid driver’s licence. The proof of identity document must include your name, date of birth, address, photograph, and signature. If any details on your proof of identity document do not match the details provided in this form (e.g. address), then an explanation is to be provided.

Agents

If this application is lodged by an agent on behalf of the applicant, the Department will require written confirmation of the authority under which the agent operates and any limits of that authority. The agent will need to complete the declaration at the end of this form and supply written evidence of their appointment ([cl97](http://www.legislation.nsw.gov.au/%23/view/regulation/2016/498/part10/sec97) of the Mining Regulation 2016).

Next steps

The Department will notify you in writing once this notification form is processed.

1. Details of individual and/or company

Note: Applying to change your personal contact details as an individual does not automatically change the contact details of any companies held in your name. You must nominate below if you require change in the contact details for yourself as an individual and/or any companies you hold.

Please nominate whether the change in contact details is for an individual and/or company:

[ ]  I am applying to change contact details for an individual

[ ]  I am applying to change contact details for a company

|  |
| --- |
| Applicant details |
| Name and/or company name |      [ ]  Proof of identity document (e.g. valid drivers licence) is attached |
| Australian Company Number (if a company) |       |
| Name(s) of all company director(s) (if a company) |       |
| Small-scale title related matter  | Mineral claim number(s):       |
| Opal prospecting licence number(s):       |
| Drill rig(s) Department registration number(s):       |

1. Previous contact details

|  |
| --- |
| Previous individual and/or company details |
| Contact person (if a company) |       |
| Contact phone |       |
| Contact email |       |
| Street address (Registered street address for a company) |       |
| Postal address | [ ]  Same as above |
|       |

1. New contact details

|  |
| --- |
| Current individual and/or company details |
| Contact person (if a company) |      [ ]  Proof of identity document (e.g. valid drivers licence) is attached |
| Contact phone |       |
| Contact email |       |
| Street address (Registered street address for a company) |       |
| Postal address | [ ]  Same as above |
|       |
| My preferred contact method1 | [ ]  Email | [ ]  Mail |

1Note: The Department’s preference is for email communication to customers

1. Checklist of items to be included with this application

Note: The checklist below is to be completed by the applicant prior to signing the declaration.

|  |  |  |
| --- | --- | --- |
| Mandatory items to be attached to application | Yes | Reference |
| Proof of identity document (e.g. valid driver’s licence) | [ ]  | Question 2 |

1. Declaration
	1. Applicant (individual or company)

This section is to be completed by the applicant applying for change of address.

The applicant (or authorised agent of a company) must complete the declaration below and sign this form:

* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the Crimes Act 1900 NSW [Part 5A](https://legislation.nsw.gov.au/view/html/inforce/current/act-1900-040#pt.5A), that knowingly or recklessly giving false or misleading information is a serious offence, and under the *Mining Act 1992* section [378C](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029#sec.378C), any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.
* (For companies only) I declare that I am authorised to complete and lodge this application

|  |
| --- |
| Applicant details |
| Name or company name |       |
| Contact person and their position (for companies only) |       |
| Date |       |
| Signature | 1st Applications Signature |

* 1. Agent authorised to act for this applicant (if applicable)

Note: As the applicant, you can appoint an agent if desired. An agent can lodge an application on your behalf. You will need to provide written notice that you have appointed a person as your agent.

The authorised agent must complete the declaration below and sign this form:

* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand, under the Crimes Act 1900 NSW [Part 5A](https://legislation.nsw.gov.au/view/html/inforce/current/act-1900-040#pt.5A), that knowingly or recklessly giving false or misleading information is a serious offence, and under the *Mining Act 1992* section [378C](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029#sec.378C), any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.
* I declare that I am authorised to complete and lodge this application

|  |
| --- |
| Agent details |
| Name |      [ ]  Proof of identity document (e.g. valid driver’s licence) is attached  |
| Contact phone |       |
| Contact email |       |
| Street address |       |
| Postal address | [ ]  Same as above      |
| My preferred contact method1 | [ ]  Email | [ ]  Mail |
| Evidence of appointment as an agent | [ ]  I have attached a written notice by the applicant of my appointment as their agent |
| Date: |       |
| Signature | Agent Signature |

1Note: The Department’s preference is for email communication to customers

# Office use only

|  |
| --- |
| Application received |
| Time:       | Date:       |
| Officers name:       |
| Signature: Agent Signature |
| Application processed  |
| Date:       |
| Officers Name:       |
| Signature: Agent Signature |

Document control

Approved by: Executive Director, Assessments and Systems under delegation from the Minister administering the *Mining Act 1992*.

CM9 Reference: RDOC22/258191

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| Amendment schedule |
| **Date** | **Version #** | **Amendment** |
| December 2022 | 1.0 | The Department created a new form. The document reflects Departmental branding and references. |