December 2022

Registration of change of name on devolution of a mineral claim within the White Cliffs Mineral Claims District

# *Form SST5-WC 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

[whitecliffs@regional.nsw.gov.au](mailto: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 White Cliffs Mineral Claims District

* **By email:** Send an electronic copy of your form, including any attachments, to [whitecliffs@regional.nsw.gov.au](mailto:whitecliffs@regional.nsw.gov.au)
* **By mail:** Mail your form and any attachments to Mining, Exploration & Geoscience, Title Assessments, PO Box 314, Lightning Ridge NSW 2834
* **By fax:** Fax your form and any attachments to +61 2 6829 0825
* **In-person:** Submit your application 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 mm 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 companies applying for a change of name on the devolution of a mineral claim within the White Cliffs Mineral Claims Districts.**

The rights to the mineral claim must have been devolved to you by an operation of law, such as death, insolvency or bankruptcy of the applicant or holder of that mineral claim(s).

This form has been prepared in accordance with the requirements of [s202](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029#sec.202) of the *Mining Act 1992.*

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

# Important notes

This application requires that the applicant(s) provide a proof of identity document 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(s), the Department will require written confirmation of the authority under which the agent operates and any limits of that authority. The agent must complete the declaration at the end of this form and supply written evidence of their appointment ([cl97](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2016-0498#sec.97) of the Mining Regulation 2016).

Next steps

Once the Secretary receives your application, the Department will notify you of the outcome in writing.

1. Mineral claim number

|  |
| --- |
| Mineral claim number |
|  |

1. Current mineral claim holder(s) details

|  |  |
| --- | --- |
| 1st Holder details | |
| Name or company name | Proof of identity document (e.g. valid driver’s licence) is attached. |
| Australian Company Number (if company holds mineral claim) |  |
| Contact person (if company) | Proof of identity document (e.g. valid driver’s licence) is attached. |
| Contact phone (if applicable) |  |
| Contact email (if applicable) |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
|  |

|  |  |
| --- | --- |
| 2nd Holder details | |
| Name or company name | Proof of identity documents (e.g. valid driver’s licence) is attached. |
| Australian Company Number (if a company) |  |
| Contact person (if a company) |  |
| Contact phone (if applicable) | Proof of identity document (e.g. valid driver’s licence) is attached. |
| Contact email (if applicable) |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
|  |

1. Details of the person or company on whom the rights have devolved by operation of law (the Applicant)

|  |  |  |
| --- | --- | --- |
| 1st Applicant details | | |
| Name or company name | Proof of identity document (e.g. valid driver’s licence) is attached. | |
| Date of birth (if a person) |  | |
| Australian Company Number (if a company) | ASIC Certificate of Registration of a Company is attached (for new companies only) | |
| Name(s) of all company directors (if a company) |  | |
| Contact person (if a company) | Proof of identity document (e.g. valid driver’s 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

|  |  |  |
| --- | --- | --- |
| 2nd Applicant details | | |
| Name or company name | Proof of identity documents (e.g. valid driver’s licence) is attached. | |
| Date of birth (if a person) |  | |
| Australian Company Number (if a company) | ASIC Certificate of Registration of a Company is attached (for new companies only) | |
| Name(s) of all company directors (if a company) |  | |
| Contact person (if a company) | Proof of identity document (e.g. valid driver’s 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

Additional applicants

If there are more than two applicants for the mineral claim, please provide their names and contact details as an attachment. The attachment must include all the name and contact information requested in the holder details table above.

Yes, I have attached additional mineral claim applicant details.

1. Evidence of devolution of rights

Note: The application must be accompanied by evidence of devolution. This can include but is not limited to certified copies of a relevant court order, probate, or letters of administration, in addition to the death certificate of the current claim holder.

Yes, I have attached evidence of the devolution of rights.

1. Checklist of items to be included with this application

Note: The two checklists below are to be completed by the applicant before signing the declaration.

|  |  |  |
| --- | --- | --- |
| Mandatory items to be attached to the application | Yes | Reference |
| Proof of identity document (e.g. valid driver’s licence) |  | Question 3 |
| Evidence of devolution of rights |  | Question 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| Items to be attached to the application if applicable | Yes | N/A | Reference |
| Additional applicant details and proof of identity document (e.g. valid driver’s licence) |  |  | Question 3 |
| Additional applicants’ declaration |  |  | Question 6.1 |
| For agents only, written evidence of appointment and proof of identity (e.g. valid driver’s licence) |  |  | Question 6.2 |

1. Declaration

This form should be signed by the applicant(s) or an agent authorised to act on behalf of the applicant(s) in accordance with [s202](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029#sec.202) of the *Mining Act 1992.*

* 1. Applicant(s) (individual or company)

Each holder (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

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

|  |  |
| --- | --- |
| 2nd Applicant details | |
| Name or company name |  |
| Contact person and their position (for companies only) |  |
| Date |  |
| Signature | 1st Applications Signature |

Additional applicants

If there are more than two applicants for the mineral claim, please provide their signed declaration as an attachment. The attachment must be a copy of this page that the additional holders have completed, dated and signed.

Yes, I have attached a signed declaration for additional mineral claim applicants

* 1. Agent authorised to act for this applicant(s) (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 | |
| Devolution has been  granted or  refused | |
| 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: RDOC22/258176

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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. |