**MINING ACT (Regulation 16) Cap. 146 of 1985**

**APPLICATION FOR AN EXPLORATION LICENSE**

Form for precious metals, metalliferous minerals, geothermal energy and industrial minerals. Applications may be rejected or lose priority for failure to provide correct information as requested. Applicants should first read the Mineral Resources Department’s Guidelines to Application Forms.

To: The Director of Mines.

**PARTICULARS OF APPLICANT**

<table>
<thead>
<tr>
<th>1. Name/s of applicant/s</th>
<th>Place of Residence</th>
<th>Share</th>
<th>Signature/s or seal of Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Audited financial statements Attached ☐ Current Bank Statement Attached ☐

2. Proof of Registration under Companies Act Attached ☐
   FTIB authentication Attached ☐

3. Name of accredited agent if any ____________________________

4. Address in Fiji at which notices may be served ________________________

5. Number of applicant’s agent’s Prospector’s Right ________________________

6. Proposed starting date of License _________________________________

7. Length of term desired ____________________________________________

**PARTICULARS OF AREA**

8. Mineral/s to be prospected _________________________________________

9. Does the agent has Power of Attorney if agent is endorsing this application __________________

10. If yes in 9, date Power of Attorney registered at MRD ____________________________

11. Name by which area is to be known _________________________________

12. Description of area applied for see attachment 1 _______________________

13. Statement of geographical position of the area and its position in relation to some town, village, river junction or trigonometrical station which is shown on a map of the district in which the area is situated.

   Tikina __________________ Province _________________________________

15. Signed by MRD Authorized Officer--------------------

16. Include photo of Tenement Survey Notice – witness to be in the photo and readily identifiable by Provincial Office

**MARKING OUT / PEGGING**

17. Have you received approval of waiver of pegging requirement  □ Yes □ No

18. If yes, date waiver granted

19. Date of erection of beacons if waiver not required. FMG coordinate of Datum Post

20. Name’s of person/s erecting beacons and number/s of Prospector’s Right/s

21. Evidence of notification to land owners of intention to enter for purpose of prospecting or pegging.

22. Signature of witness, if any to erection of datum post & other beacons. (Any a safe in case of disputes it is desirable to have a reliable witness to the erection of beacons).

Name _____________________________
Address _____________________________
Signature _____________________________

Endorsement by Provincial council nominee for authorization for land access

I hereby certify that beacons have been erected and directional trenches have been cut by ……………in accordance with the provisions of the Mining Regulations, 1985, and that such beacons are placed on the marks as shown by the letters On the plans attached, which plan signed by me shows the area for which I am applying. I agree that the event of the area marked on the ground being proved to differ from the area shown on the said plan then such adjustment of the area (or amendment of the plan) as shall be required by the Director shall be made at my expense.

**FEES**

Filing fee = $100
Preparation fee $………
Annual fees for………… …. Hectares $……………………..
ATTACHMENT I

The following must accompany this application:

(a) Map as per 9
(b) Proposed work program as per 17
(c) Financial Statements as per 1
(d) Photos as per ----
(e) Company Registration as per 2
(f) Fees as per 18

DECLARATION

I hereby declare that information submitted in this application have been ascertained as correct.

Dated at ________________ this _______ day of _________ 20___

____________________________________
Signature of applicant or agent

CONTACT DETAILS

Address:
Director of Mines
Mineral Resources Department
Mead Road,
Nabua, Suva
Fiji Islands

Postal address: Private Mail Bag, GPO, Suva.

Phone: (679) 3381 611
Fax: (679) 3370 039

E-mail the Director: director@mrd.gov.fj

Web-site: http:\\www.mrd.gov.fj

RECEIVED AT

By: ____________________________
.........am / pm
Date: ........../....../.........
Name of Area: ____________________

□ Evidence of Waiver Grant Checked

OFFICE USE ONLY

Prescribed Fee:
Amount Paid: S. ............
Receipt No.: .............
Initials: ....................
Calculated Bond value: .............

Entered on MTDB / GIS
Initials: ....................
Date: ....../...../.....
ATTACHMENT II

Exploration and Expenditure

The following statements are attached describing:

- Data searched and concepts used in the selection of the area
- Exploration program and estimated expenditure for each year
- Qualifications of professional and other staff undertaking the proposed program
- Machinery and equipment to be used and measures taken to minimize environment damage
- Measures taken to minimise environmental damage
- Technical resources of the applicant