



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

Office Use Only:

CX No.	
(S)PL No.	
Company:	
Lodged :	
Received by:	
Granted:	
Rejected:	

To : The Director of Mines.

PARTICULARS OF APPLICANT

1. Name/s of applicant/s	Place of Residence	Share	Signature/s or seal of Company

- Audited financial statements Attached Current Bank Statement Attached
- Proof of Registration under Companies Act Attached
FTIB authentication Attached
- Name of accredited agent if any _____
- Address in Fiji at which notices may be served _____
- Number of applicant's agent's Prospector's Right _____
- Proposed starting date of License _____
- Length of term desired _____

PARTICULARS OF AREA

- Mineral/s to be prospected _____
- Does the agent has Power of Attorney if agent is endorsing this application _____
- If yes in 9, date Power of Attorney registered at MRD _____
- Name by which area is to be known _____
- Description of area applied for see attachment 1 _____
- 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 are is situated.
Tikina _____ Province _____

- 14. Area sighted on Master plan & Checked for overlap, boundary inconsistencies.
- 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 byin 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
 Annual fees for.....
 Preparation fee \$.....
 Hectares \$.....

ATTACHMENT I

The following must accompany this application:

- | | | |
|-----|---------------------------------|--------------------------|
| (a) | Map as per 9 | <input type="checkbox"/> |
| (b) | Proposed work program as per 17 | <input type="checkbox"/> |
| (c) | Financial Statements as per 1 | <input type="checkbox"/> |
| (d) | Photos as per ---- | <input type="checkbox"/> |
| (e) | Company Registration as per 2 | <input type="checkbox"/> |
| (f) | Fees as per 18 | <input type="checkbox"/> |

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

For further information, visit us at our -
Web-site: <http://www.mrd.gov.fj>

Postal address :

Private Mail Bag, GPO, Suva.

Phone : (679) 3381 611

Fax : (679) 3370 039

E-mail the Director :

director@mrd.gov.fj

OFFICE USE ONLY

RECEIVED AT

By :

.....am / pm

Date :/...../.....

Name of Area

Evidence of Waiver Grant Checked

Prescribed Fee :

Amount Paid \$.....

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