November 2024

Record a change of authority holder or applicant name

# *Form AD12, Mining Act 1992*

**Access the** [**Titles Management System (TMS) Portal**](https://meg.resourcesregulator.nsw.gov.au/mining-and-exploration/titles-management-system) **to lodge this form electronically.**

**Any required fee payments and attachments can be submitted through the Portal.**

When to use this form

**Complete this form if you hold or have applied for an authority/s in NSW and you have changed your name (for individuals) or a company applicant has changed its name but retained the same ACN. For companies, the ACN must remain the same otherwise a transfer of authority holder/s is required (refer to** [**AD2**](https://www.regional.nsw.gov.au/meg/exploring-and-mining/application-forms-and-fees/mining-act-1992-forms) **or** [**AD3**](https://www.regional.nsw.gov.au/meg/exploring-and-mining/application-forms-and-fees/mining-act-1992-forms) **– Application for approval of transfer).**

Any reference to the **‘department**’ in this form, refers to the **Department of Primary Industries and Regional Development**.

Privacy statement

View the department’s [privacy statement](http://www.resources.nsw.gov.au/privacy) on how information in this application will be used.

How to lodge

You can lodge (this form and any attachments) in the following ways:

* **By email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)
* **By mail:** NSW Resources, Assessments and Systems, PO Box 344, Hunter Region Mail Centre NSW 2310
* **In person:** in person at the department’s office, 516 High Street, Maitland, NSW, business days, between the hours of 9.30am and 4.30pm.
* **Facsimile:** +61 2 4063 6973

For help with lodging this form, or for more information about authorisations under the Mining Act in NSW contact:

NSW Resources - Assessments and Systems

**Phone: +61 2 4063 6600 (8.30am – 4.30pm)**

**Email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)

Important notes

Completing this form

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

Agents

If this form is lodged by an agent on behalf of the applicant/s, the agent will need to complete the declaration at the end of this form and supply evidence of their appointment.[[1]](#footnote-2)

1. Authority/s or application/s affected by the name change

|  |  |  |
| --- | --- | --- |
| Type - eg EL, AL, ML | Number | Act |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional authority/s or application/s

Provide the type and number of additional authorities or applications affected by the name change.

|  |
| --- |
| Additional details |
|  |

1. Current authority holder/s or applicant/s details on record who are seeking to record a change in details

Provide the current full name of authority holder/s or applicant/s and if applicable, the ACN or ARBN (for foreign companies).

|  |  |
| --- | --- |
| Full name of the authority holder/s | |
| Name |  |
| ACN / ARBN |  |
|  | |
| Name |  |
| ACN / ARBN |  |
|  | |
| Name |  |
| ACN / ARBN |  |

Additional current authority holder/s or applicant/s

Provide the full name, and if applicable ACN or ARBN (for foreign companies) of additional current authority holder/s or applicant/s.

|  |
| --- |
| Additional details |
|  |

1. New details to be recorded

Provide the new full name, contact details, street address (individuals), registered street address (companies), postal address details and if applicable, the ACN or ARBN (for foreign companies). For companies, the ACN must remain the same otherwise a transfer of authority holder/s is required (refer to [AD2](https://www.regional.nsw.gov.au/meg/exploring-and-mining/application-forms-and-fees/mining-act-1992-forms) or [AD3](https://www.regional.nsw.gov.au/meg/exploring-and-mining/application-forms-and-fees/mining-act-1992-forms) – Application for approval of transfer).

|  |  |
| --- | --- |
| 1st Contact details | |
| Name |  |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

|  |  |
| --- | --- |
| 2nd Contact details | |
| Name |  |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

|  |  |
| --- | --- |
| 3rd Contact details | |
| Name |  |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

Additional applicants

Provide the full name, phone number, email address, ACN or ARBN (for foreign companies), registered street address and postal address details of additional applicants.

|  |
| --- |
| Additional details |
|  |

1. Evidence of change of name

For companies, provide a copy of the ASIC extract or similar. For individuals, provide a change of name certificate or similar.

I have attached evidence of the change of name

1. Contact for this form and service

Any correspondence in relation to this form and your current or subsequent authority will be sent to this person, including documents that the department is required to serve.

|  |  |
| --- | --- |
| Details | |
| Contact name |  |
| Position held |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email (required) |  |
| Email for service of documents (required) |  |

The department will contact you and **serve** documents related to this form and your current or subsequent authority **via the email address specified above**.

* 1. Your preferred contact method

If you would **also** like a copy of documents to be sent to you by mail to the postal address indicated above, please check the box below.

I request that copies of documents and communications are also sent to me by mail.

1. Checklist of items to be included with this form

|  |  |  |
| --- | --- | --- |
| Item |  | Reference |
| Evidence of change of name |  | Question 4 |
| For agents only – evidence of appointment as agent |  | Question 7.2 |

1. Declaration

This form should be signed by the applicant/s (in the case of a company a duly authorised officer) or an agent authorised to act on behalf of the applicant/s.

* 1. Applicant/s (individual or company)

For each applicant (signed below):

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, that knowingly or recklessly giving false or misleading information is a serious offence, and under the *Mining Act 1992* (Mining Act) section 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) In addition to the declaration above, by signing below, **I also** certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 2 of this form.

|  |  |
| --- | --- |
| 1st Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 2nd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 3rd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

* 1. Agent authorised to act for this applicant/s

Evidence of appointment is required.

|  |  |
| --- | --- |
| Agent details | |
| Name |  |
| Position/title |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email |  |
| Date |  |
| Signature | Agent Signature |

Evidence of appointment:

I have attached evidence of appointment to this form.

# Office/Administrative use only

|  |  |  |  |
| --- | --- | --- | --- |
| Form received: | | | |
| Time: |  | Date: |  |
| Officer’s Name |  | | |
| Signature | Office use only signature | | |

View the department’s privacy statement on how information in this application will be used: <www.resources.nsw.gov.au/privacy>

# Document control

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

CM Reference: RDOC24/160628

|  |  |  |
| --- | --- | --- |
| Amendment schedule | | |
| **Date** | **Version #** | **Amendment** |
| November 2024 | 4.0 | New format for NSW Resources. Form updated to reflect new department name and branding, and updated links. |
| July 2020 | 1.0 | New format for Regional NSW. Form updated to reflect new Departmental name and branding, and updated links |
| August 2022 | 2.0 | New format to reflect new template Regional NSW/MEG  Update contact details to reflect @regional email address  Updated footer: document number and date  Reviewed links |
| September 2023 | 3.0 | Form updated to reflect commencement of amendment to the Mining Act and Regulation on 1 March 2023. Updated to NSW Resources branding. |

**© State of New South Wales through Department of Primary Industries and Regional Development 2024**. The information contained in this publication is based on knowledge and understanding at the time of writing November 2024. 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 Department of Primary Industries and Regional Development 2024 or the user’s independent adviser.

1. Clause 97, Mining Regulation 2016. [↑](#footnote-ref-2)