November 2024

Lodgement of caveat

# *Form AD5, 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 application electronically.**

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

When to use this form

**Complete this form if you claim to have a legal or equitable interest and want to direct the Secretary not to register any transfer of an authority unless it complies with the provisions of the caveat.**

This form has been prepared for the purposes of s124 of the [Mining Act 1992](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029).

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 your application (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

Lodgement of your application in any of the above ways is taken to be lodgement with the Secretary under the Mining Act.

For help with lodging this application, 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

Unless withdrawn, this caveat will remain in force for only three months from the lodgement date. During this period any transfer of the authority will not be registered. The Supreme Court may overrule this caveat or direct the Secretary not to register any transfer after the 3 month period has expired. If such an order is not made, at the expiration of the 3 months, the transfer will be registered.

Agents

If this application is lodged by an agent on behalf of the applicant/s, the department may seek 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 evidence of their appointment, if not already supplied to the department (cl97 of the [Mining Regulation 2016](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2016-0498) ).

Next steps

Once your caveat has been lodged with the Secretary, it will be reviewed and recorded in the public register.

1. Authority/s the caveat should be recorded against

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

1. Authority holder/s details

Provide the current full name of authority holder/s.

|  |  |
| --- | --- |
| 1st Authority holder 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 Authority holder 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 Authority holder 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 holders

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

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

1. Details of caveator

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

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

1. Contact for this application and service

Any correspondence in relation to this application and any subsequent authority will be sent to this person, including documents that the department is required to serve.

|  |  |
| --- | --- |
| Contact 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 your application **via the email address specified above.**

Your preferred contact method

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

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

1. Nature of interest claimed
   1. Reasons for lodgement

Briefly explain why you are lodging this caveat and the facts on which your claim is founded.

|  |
| --- |
| Reasons for lodgement |
|  |

* 1. Supporting evidence

Provide supporting evidence of caveatable interest

I have attached evidence supporting caveatable interest (e.g. formal correspondence, contract, deed or will)

* 1. Terms

Provide any terms you would like the caveat to be subject to:

|  |
| --- |
| Terms |
|  |

1. Checklist of items to be included with this application

|  |  |  |
| --- | --- | --- |
| Item |  | Reference |
| Supporting evidence of caveatable interest |  | Question 5.2 |
| For agents only – evidence of appointment as agent, if this has not been previously supplied to the department |  | 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 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 if this has not been previously supplied to the department.

|  |  |
| --- | --- |
| Agent details | |
| Name |  |
| Position/title |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email |  |
| Date |  |
| Signature | 1st Applications Signature |

Evidence of appointment:

I have attached evidence of appointment to this application

I have previously supplied evidence of appointment to the department:

# Office/Administrative use only

|  |  |  |  |
| --- | --- | --- | --- |
| Application 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](http://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*.*

CM10 Reference: RDOC24/175952

|  |  |  |
| --- | --- | --- |
| Amendment schedule | | |
| **Date** | **Version #** | **Amendment** |
| November 2024 | 4.0 | New format for NSW Resources. |
| 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 |
| March 2023 | 3.0 | Form updated to reflect commencement of Mining Regulation 2016 on 1 March 2023. Included information on protected reserves and incomplete applications.  Administrative amendments |

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