

## Lodgement information

For help with lodging this application, or for more information about authorisations in New South Wales, contact:

Mining, Exploration and Geoscience

**Lightning Ridge Office**

**Phone +61 2 6820 5200**

**Fax +61 2 6829 0825**

[lightningridge.office@planning.nsw.gov.au](mailto:lightningridge.office@planning.nsw.gov.au)

## Note

- any reference to the '**Department**' in this form, refers to **Regional NSW**

## How to lodge this form

- By email:** Send an electronic copy of the form including any attachments to [lightningridge.office@planning.nsw.gov.au](mailto:lightningridge.office@planning.nsw.gov.au)
- By mail:** Mail your form and any attachments to Mining, Exploration & Geoscience, Resource Operations, 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 in person at the Department Office, Shop 1, 3 Morilla Street, Lightning Ridge, New South Wales. Office hours are 9.30am to 4.00pm Mon-Thurs, 9.30am to 1.00pm Friday.

© State of New South Wales through the Department of Regional NSW. ABN: 19 948 325 463

This publication is copyright. You may download, display, print and reproduce this material providing that the wording is reproduced exactly, the source is acknowledged, and the copyright, update address and disclaimer notice are retained.

The information contained in this publication is based on knowledge and understanding at the time of writing (July 2020). However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the Department or the user's independent advisor.

## 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 confirm applicant details in the event that subsequent applications are made and may also be used to establish and maintain databases to assist the Department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

You may apply to the Department to access and correct any information the Department holds 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 devolution of a mineral claim within the Lightning Ridge and White Cliffs Mineral Claims Districts.**

It has been prepared in accordance with the requirements of [s202](#) of the *Mining Act 1992*.

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).

## Important notes

### Accompanying documentation

Any information or document that is required to accompany this application should be lodged within **10 business days of the lodgement date**. Failure to supply the information within this timeframe may be considered as grounds for refusing the application according to [cl6\(d\) sch1B](#) of the *Mining Act 1992*.

From 1 July 2012, all authorisations are subject to a Term Administrative Levy to improve regulation. New requirements have also been introduced in relation to minimum security deposits. For further information on these fees and minimum security deposits please refer to the Department's [website](#).

The Department's [website](#) provides comprehensive information relating to fees, completion of applications, methods of lodgment, Departmental policies, office locations, Native Title and contact details.

### 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).

### Next steps

Once your application to the Secretary is received, it will be considered. We will notify you in writing of the outcome of your application.

# Registration of change of name on devolution of a mineral claim



Regional  
NSW

Form SST5, *Mining Act 1992*

## 1 Mineral claim number

Number

## 2 Details of holder whose rights have devolved

### Details of holder

Name	
Contact phone (if applicable)	
Contact email (if applicable)	
ACN / ARBN (if applicable)	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

## 3 Full name and address of the person on whom the rights have devolved by operation of law (the Applicant)

The application must be accompanied by evidence of devolution (eg certified copies of relevant court order, probate, letters of administration)

### Name and address

Name	
Contact phone	
Contact email	
ACN / ARBN (if applicable)	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

I have attached evidence of the devolution of rights

## 4 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](#) of the *Mining Act 1992*.

# Registration of change of name on devolution of a mineral claim



Regional  
NSW

Form SST5, *Mining Act 1992*

## 4.1 Applicant/s

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* 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 3 of this form.

Applicant details	
Name	
Position/title	
Date	
Signature	

## 4.2 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	
Date	
Signature	

# Registration of change of name on devolution of a mineral claim



Regional  
NSW

Form SST5, *Mining Act 1992*

## Office/Administrative use only

Application received:	
Time:	Date:
Officer's Name	
Signature	

## Document control

Approved by: Executive Director, Resource Operations, Regional NSW under delegation from the Minister administering the *Mining Act 1992*.

CM9 Reference: DOC20/487763

Amendment schedule		
Date	Version #	Amendment
July 2020	1.0	New format for Regional NSW. Form updated to reflect new Departmental name and branding, and updated links.