

Mines & Minerals Act 2009

REQUEST TO AMEND WORK PROGRAMME ASSOCIATED WITH A RECONNAISSANCE OR EXPLORATION LICENCE

1. Type of mineral right		2. Licence number		
3. Name of licence area		4. Date of i	ssue of licence	
5. Initial duration of licence and date of expiry				
6. Current date of expiry of licence		7. Current	area size	
8. Name and position of person making application				
9. Name of licence holder				
10. Registered address of company in Sierra Leone				
Name Address		Phone	Emai	
11. Changes to technical & financial resources since licence granted? (Y/N) If Yes, attach details				
12. Any change to person responsible for supervising work programme if amendment approved? (Y/N) If Yes, give name & qualifications				
13. Description of requested change	(ATTACH)			
14. State reason for requested change (e.g. mineral discovery; results of geochemical survey etc)				
15. Does change relates to new mineral discovery not yet reported? (Y/N). If Yes, submit Form C1 in addition				
Table 16. Revised work programme for current year (attach - refer to Guidelines E1 or E1)				
17. Proposed change to expenditure commitment?				
18. Is change likely to impacts on the environment or on any monument or relic, plus estimated cost of combating? (Y/N). If Yes, give/ attach details				

19. Any change in respect to the employment of Sierra Leo	ne citizens? (Y/N) If Yes, give/attach details.			
20. List of annual reports submitted previously in respect to earlier years of licence (report titles and dates submitted) ATTACH				
21. In case of an exploration licences, dates on which audited financial statements submitted				
22. NRA receipt No. (fee waived where request is a consequence of a mineral discovery)				
23. Signature	24. Date			

For Official Use by Mining Cadastre Office				
Name of receiving officer	Signature			
Evidence of Payment. Y/N Amount	t of Payment			
Application checked by	Signature			
Application acknowledgement issued? (Y/N)(Form D23)				
Date Exact Time	Official registration number			
Name of registering officer Signature				
If application invalid for any reason, date applicant informed				
Name of checking officer	Signature			

Please complete all boxes (or enter `none, N/A etc) and provide all attachments as necessary. Attachments should be numbered to correspond to this form. This application will be deemed incomplete and consequently invalid if any required information is not provided.

Sixteen copies of this application and of all attachments must be supplied.

The complete application should be submitted to the Mining Cadastre Office and a receipt obtained.

Before submitting, the applicant must pay the application fee prescribed in Form A1 of the First Schedule to the National Revenue Authority, and the receipt (or a copy) must accompany this application. This fee is non-refundable should the application be invalid for any reason or if, after consideration by the Minerals Advisory Board and the Minister, it is refused.

A print out of the relevant part of the cadastral survey map showing the numbered block system can be obtained from the GIS section of the Mining Cadastre Office.