

Mines & Minerals Act 2009

SIX MONTHLY REPORT ON AN EXPLORATION LICENCE

(to be submitted half way through each licence year)

1. Name of licence holder		
2. Licence number		
3. Name of licence area		
4. Date licence granted or last renewed? Specify if date is renewal date or date granted.		
5. Period covered by this report. Specify From date and To date.		
6. Person responsible for supervising work programme		
7. Name and position of person making this report		
8. Name and Nationality of Technical Employees		
9. Name and Nationality of Unskilled Employees		
10. Geological mapping carried out		
a. Scale:	o. Area completed (km²):	

11. Stream geochemical sampling carried out		
a. No. of samples collected		
b. No. of samples analysed		
c. No. of elements analysed for		
12. Soil sampling carried out		
a. No. of samples collected		
b. No. of samples analysed		
c. No. of elements analysed for		
12. Duilling aggried out		
13. Drilling carried out		
a. No. of samples collected		
b. No. of samples analysed		
c. No. of elements analysed for		
14. Rock sampling		
a. No. of samples collected		
b. No. of samples analysed		
c. No. of elements analysed for		
15. Pits/trenches dug		
a. No. of samples collected		
b. No. of samples analysed		
c. No. of elements analysed for		
16. Ground geophysical surveys		
a. No. of surveys	b. Type(s)	
a. No. of surveys	5. Type(3)	

17. Airborne surveys		
a. Remote sensing		
i. Type	ii. Area covered	
b. Geophysical		
i. Type	ii. Area covered	
18. Mineral discoveries reported (on Form C1)		
a. Number reported	b. Minerals	
19. Expenditure vs commitment for year		
a. Expenditure in first 6 months		
b. Commitment for year		
20. Comments on progress to date (free format - may be atta	acnea)	
21. Any other matters (free format - may be attached)		
[1		
22. Signature		
23. Date		

For Official Use by Mining Cadastre Office		
Date received		
Name of receiving officer		
Signature of receiving officer		
Documentation checked by		
Date and Exact Time Registered		
Official registration number		
Acknowledgment of receipt issued? (Y/N)	(Form D23)	
Name of registering officer		
signature of registering officer		
Date forwarded to Director and Director of	Mines	

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.

Three copies of this form and of all attachments must be submitted.

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