|  |  |  |
| --- | --- | --- |
|  | **NORTHERN TERRITORY OF AUSTRALIA***Petroleum Act -* Section 16 (3) |  |

|  |
| --- |
| **For further information or to lodge the application, please contact:** |
| **In person** | Director Petroleum TenureEnergy DivisionNT Department of Primary Industry and Resources4th Floor, Centrepoint Building, The Mall,Darwin NT 0800 |
| **By post** | Attention – Director Petroleum TenureEnergy DivisionNT Department of Primary Industry and ResourcesGPO Box 4550Darwin NT 0801 |
| **By phone** | +61 8 8999 5396 – Director Petroleum Tenure |
| **By e-mail** | energy.permits@nt.gov.au  |

|  |  |  |
| --- | --- | --- |
|  | **Release Area/s**  (Insert Release Area Number and Name of Map Sheet) |  |
|  |  |  |  |  |
|  |  |  |  |
|  | **Applicant/s** |  |
|  | **Individual** | **Company** | **Other** |  | **ACN / ABN / ARBN** |  |
|  | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  | 4 |  |  |  |
|  | **Address of each applicant** (If Company, registered office and principal place of business required) |  |
|  | 1 |  |  |
|  | 2 |  |  |
|  | 3 |  |  |
|  | 4 |  |  |
|  |  |  |
|  | **Contact information for applicant/s** |  |
|  | **Primary Contact Person:** |  |
|  | **Phone:** | **Fax:** | **E-mail:** |  |
|  | **Postal Address** |  |
|  |  **Nominate Address from above 1 2 3 4 or provide other address** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Summary of proposed technical works program during each year of the term of the exploration permit** |  |
|  | **Year** | **Work Program Details\*** | **Indicative Expenditure $A** |  |
|  | **1** |  |  |  |
|  | **2** |  |  |  |
|  | **3** |  |  |  |
|  | **4** |  |  |  |
|  | **5** |  |  |  |
|  |  **\*Attach detailed technical works program to application** |  |
|  | **Signatures of applicant/s** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Print Name Date** |  | **Print Name Date** |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Print Name Date** |  | **Print Name Date** |  |  |
|  | **Authorised Agent** Evidence of Appointment **must** be attached and comply with section 126 of the *Corporations Act* |  |
|  |  |  |  |  |
|  | **Print Name** |  | **Signature Date** |  |
|  | **Contact information** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |