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

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| **For further information or to lodge the application, please contact:** | |
| **In person** | Director Petroleum Tenure Energy Division NT Department of Primary Industry and Resources 4th Floor, Centrepoint Building, The Mall, Darwin NT 0800 |
| **By post** | Attention – Director Petroleum Tenure Energy Division NT Department of Primary Industry and Resources GPO Box 4550 Darwin NT 0801 |
| **By phone** | +61 8 8999 5396 – Director Petroleum Tenure |
| **By e-mail** | [energy.permits@nt.gov.au](mailto:energy.permits@nt.gov.au) |

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|  | **Release Area/s**   (Insert Release Area Number and Name of Map Sheet) | | | | | | | | |  |
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|  |  | | | | | | | |  |  |
|  | **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** | | | | | | | | |  |
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|  | **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** | | | | | |  |
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|  |  | |  |  | |  |  |
|  | **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** | |  |  | | |  |
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