|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | |
| This form is to be completed by a Title Holder appointing an Operator in accordance with section 10 of the *Mining Management Act 2001.* | | | | | | | | |
| Title Holder | | | | | | | | |
| Title Holders Name | |  | | | | | | |
| ACN | |  | | ABN | | | |  |
| Postal Address | |  | | | | | | |
| Contact Person | |  | | | | | | |
| Phone (business)  Include area code | |  | Phone (mobile) | |  | | | |
| Email | |  | | | | | | |
| Mining Interest/s  (i.e. Title numbers) | |  | | | | | | |
| Operator | | | | | | | | |
| Name of Operator Use ASIC-ABR registered name if a company | |  | | **ACN/ABN** | | | |  |
| Confirmation of Title Holders Nomination of Operator | | | | | | | | |
| We, the authorised officers of the Title Holder confirm the Title Holder has, by written agreement(s) with the Operator   * Appointed the Operator in accordance with section 10 of the Mining Management Act; and * Conferred on the Operator the right of the Title Holder to take and use water in accordance with section 81 of the Mineral Titles Act. | | | | | | | | |
| Title Holder Signature | |  | | | | | | |
| Name (please print) | |  | | Date | | |  | |
| Director / Company Secretary Signature | |  | | | | | | |
| Name (please print) | |  | | **Date** | |  | | |
| **Confirmation of Operators Acceptance of Appointment** | | | | | | | | |
| We, the authorised officers of the Operator, confirm the Operator has:   * Accepted the appointment and complied with section 10 of *Mining Management Act 2001*; and * Accepted the Title Holders rights to take and use water pursuant to section 81 of the *Mineral Titles Act* and in accordance with the *Mining Management Act 2001* accepts responsibility for meeting the environmental obligations. | | | | | | | | |
| **Operators Signature** | |  | | | | | | |
| **Name** (please print) | |  | | | | | | |
| **Director / Company Secretary Signature** | |  | | | | | | |
| **Name** (please print) | |  | | | | | | |
| **Date** | |  | | | | | | |
| Email your completed form to [mineralinfo.ITT@nt.gov.au](mailto:mineralinfo.ITT@nt.gov.au) | | | | | | | | |
| End of form | | | | | | | | |