1 March 2023

Request for full or partial cancellation of an authority

# Form AD6, *Mining Act 1992*

**Access the** [**Titles Management System (TMS) Portal**](https://meg.resourcesregulator.nsw.gov.au/mining-and-exploration/titles-management-system) **to lodge this application electronically.**

**Any required fee payments and attachments can be submitted through the Portal.**

## **When to use this form**

**Complete this form if you are requesting the full or partial cancellation of an authority in New South Wales.**

This form is an approved form under s 382 of the Mining Act for the purposes of s 125 (Grounds of cancellation of authorities) of the *Mining Act 1992* (**Mining Act**). Any reference to the ‘**Department**’ in this form, refers to the Department of Regional NSW.

## **How to lodge**

You can lodge your application (this form and any attachments) in the following ways:

* **By email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)
* **By mail:** Mining, Exploration and Geoscience, Assessments and Systems, PO Box 344, Hunter Region Mail Centre NSW 2310
* **In person:** in person at the Department’s office, 516 High Street, Maitland, New South Wales business days, between the hours of 9.30am and 4.30pm.
* **Facsimile:** +61 2 4063 6973

Lodgement of your application in any of the above ways is taken to be lodgement with the Secretary under the Mining Act.

For help with lodging this application, or for more information about authorisations under the Mining Act in New South Wales contact:

Mining, Exploration and Geoscience - Assessments and Systems

**Phone:** +61 2 4063 6600 (8.30am – 4.30pm)

**Email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)

## **How to lodge**

## **Important notes**

### Accompanying Documentation

All information specified in this form, and all required documents, things or information required to be lodged with your application, should be provided at lodgement.

You may use one form if you would like to cancel multiple authorities in full. If you are part cancelling multiple authorities, you must use a separate form for each partial cancellation.

If there is insufficient room in any of the fields in this form, please provide the information as an attachment submitted with this form, marking clearly the field or other requirement to which the additional information relates.

### Agents

If this application is lodged by an agent on behalf of the applicant/s, the agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the Department.[[1]](#footnote-2)

### Determination of your application

Once your complete application has been received, it will be determined by way of cancelling or refusing to cancel the authority in accordance with the Mining Act and Mining Regulation 2016 (**Regulation**).

The decision-maker will notify you of the outcome of your application in writing.

**© State of New South Wales through Regional NSW** **2023**. The information contained in this publication is based on knowledge and understanding at the time of writing March 2023. However, because of advances in knowledge, users are reminded of the need to ensure that the information upon which they rely is up to date and to check the currency of the information with the appropriate officer of the Regional NSW or the user’s independent adviser.

**Privacy statement**

This information is collected by the Department for the purposes of assessing an application for an authorisation or an application associated with an authority as required by the *Mining Act* *1992* or Mining Regulation 2016.

This information may also be used by the Department to comply with its public register and record-keeping requirements under the *Mining Act* *1992* and Mining Regulation 2016, to confirm applicant details in the event that subsequent applications are made and to establish and maintain databases to assist the Department with its work generally.

Except for purposes required by law, your personal information will not be disclosed to third parties unless the disclosure is directly related to the purpose for which the information was collected, and the Department has no reason to believe you would object to the disclosure, or you are reasonably likely to have been aware, or have been made aware, that information of that kind is usually disclosed to that other person or body, or the Department believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person.

You may apply to the Department to access and correct any personal information the Department holds about you if that information is inaccurate, incomplete, not relevant or out of date.

1. Authority information

|  |  |  |
| --- | --- | --- |
| Type | Number | Act |
|  |  |  |

Additional authority/s

Provide the type and number of any additional authorities to be cancelled in full. If you are part cancelling multiple authorities, you must use a separate form for each partial cancellation.

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1. Authority holder/s details

Provide the full name of authority holder/s and if applicable, the ACN or ARBN (for foreign companies).

|  |  |
| --- | --- |
| 1st Authority holder details | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

|  |  |
| --- | --- |
| 2nd Authority holder details | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

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| --- | --- |
| 3rd Authority holder details | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

Additional authority holders

Provide the full name and if applicable, the ACN or ARBN (for foreign companies) of additional authority holders.

|  |
| --- |
| Additional details |
|  |

1. Contact for this application and service

Any correspondence in relation to this application will be sent to this person, including documents that the Department is required to serve.

|  |  |
| --- | --- |
| Contact details | |
| Contact name |  |
| Position held |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email (required) |  |
| Email for service of documents(required) |  |

* 1. Your preferred contact method

If you would **also** like a copy of documents to be sent to you by mail to the postal address indicated above, please check the box below.

I request that copies of documents and communications are also sent to me by mail.

1. Proposed area for retention

|  |
| --- |
| Proposed area for partial cancellations |
| This help text relates to **Section 4.3, 4.4, 4.5 and 4.6**  You will need to identify the land in respect of which the authority is to be **retained** in an approved manner.[[2]](#footnote-3) The approved manner is described below: |
| **For an exploration licence for Group 1 – 6, 8, 10-12 minerals**: provide the area, block and unit references identifying the land, as determined in accordance with [sch4](http://www.legislation.nsw.gov.au/#/view/regulation/2016/498/sch4) of the Regulation. You do not need to provide a map. 🞂 **Go to Section 4.3** |
| **For an exploration licence for Group 9 or Group 9A minerals**: provide a standard map, as described in [cl 9](http://www.legislation.nsw.gov.au/#/view/regulation/2016/498/part1/sec9) of the Regulation, showing the boundaries of the land. 🞂 **Go to Section 4.4** |
| **For an assessment lease:** provide **either** a standard map showing the boundaries of the land as described in [cl 9](http://www.legislation.nsw.gov.au/#/view/regulation/2016/498/part1/sec9) of the Regulation **or** the area, block and unit references identifying the land as determined in accordance with Schedule 4 🞂 **Go to Section 4.3 OR Section 4.4** |
| **For mining lease:** providea plan prepared in accordance with the statutory surveying requirements |
| **For mineral owner licence or lease**: provide the lot and deposited plan numbers of the land to be retained 🞂 **Go to Section 4.6** |

* 1. Are you applying to cancel the authority in respect of the whole of the land to which the authority applies?

Yes – **Go to Section 5**

No – **Continue to Section 4.2**

* 1. Description of area to be retained

All part cancellations of an authority require a description or a map of the area over which the authority is to be retained in accordance with either cl 19 (exploration licences), cl 24 (assessment leases) or cl 29 (mining leases) of the Regulation as applicable.

If you consider these requirements to be unduly onerous you may request a variation or exemption from the requirements in accordance with cl 34 of the Regulation. Any request must include justification for the request.

* 1. For exploration licence (groups 1-8 and groups 10-12) or assessment lease (graticular description)

Use **Option A** (the free text field) or **Option B** (the table) below to identify the licence/lease area to be retained.

|  |  |
| --- | --- |
| Proposed exploration area for mineral options | |
|  | **Option A:** Identify the map sheet, block number, unit and total number of units to be retained: |
| eg Sydney, 2222, abcdxyz total units=7 | |
|  | **Option B:** Enter your data in the table, as shown in the example below: |



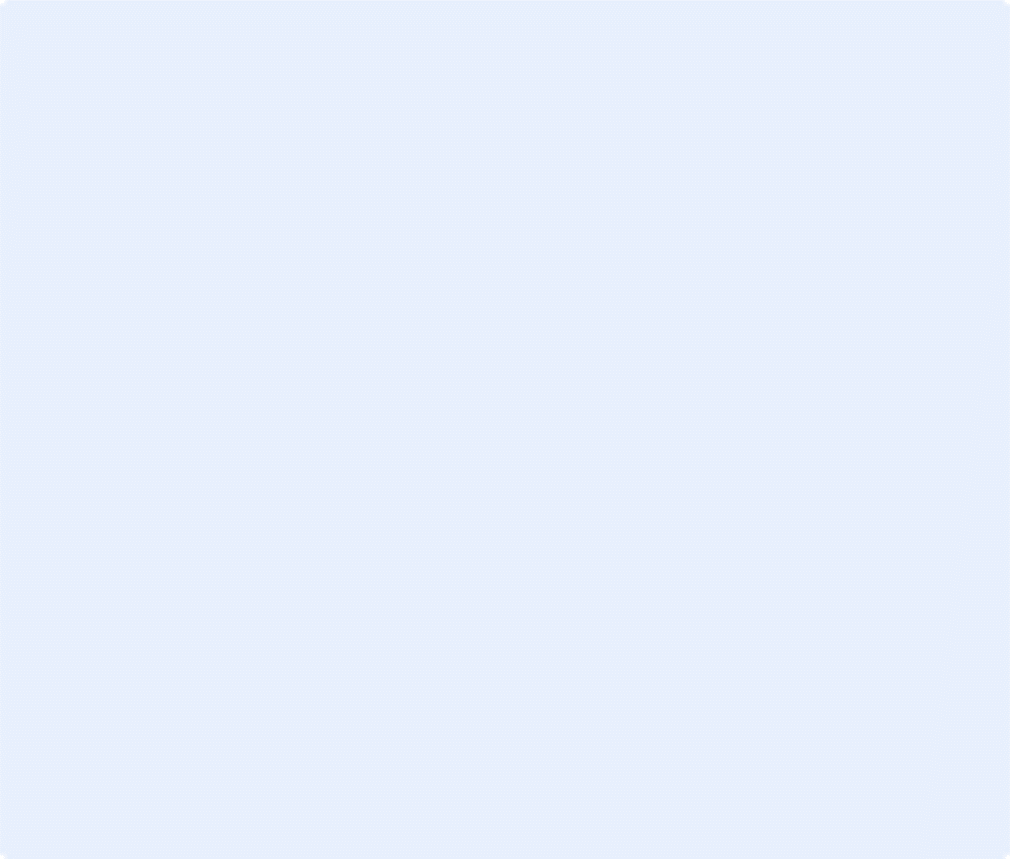
| Name of  map sheet | Block number | Unit letter/s applied for retention (list from a to z except ‘i') | Total units  per block |
| --- | --- | --- | --- |
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| **Total number of units applied for retention** | | |  |

* 1. For exploration licences (groups 9 and 9A) or assessment lease (standard map description)

Provide a standard map in accordance with cl 9(a) of the Regulation.

I have attached a standard map

I have inserted my standard map below:



* 1. For mining leases

Under cl 29(a) of the Regulation, for cancellation of a mining lease you need to provide a plan of the area for which the lease is proposed to be retained that meets statutory surveying requirements.

To meet the requirements of the Mining Act, you must provide a plan completed by a registered surveyor, drawn in accordance with the [Surveying and Spatial Information Regulation 2017](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2017-0486) (SSI Regulation), for which the SSI Regulation specifically provides, and [Department of Lands - Surveyor General Directions (Direction No 8 mining surveys)](https://www.spatial.nsw.gov.au/__data/assets/pdf_file/0018/230931/DRAFT_Surveyor-Generals_Direction_No_8.pdf). Your plan should include details of the area to be partially cancelled, including:

* the total area of the area to be partially cancelled in hectares, square metres or square kilometres
* the [Map Grid of Australia](https://www.ga.gov.au/scientific-topics/positioning-navigation/geodesy/datums-projections/grid2020) (MGA) zone, showing boundary alignments
* MGA coordinates determined by reference to the Geocentric Datum of Australia of all points where there is a change in direction of the boundaries of the land must also be supplied in electronic format as a Microsoft Excel spreadsheet

For assistance, please contact the Department.

Check the box below to indicate you have attached a plan overlay.

I have attached a plan prepared in accordance with the statutory surveying requirements, showing the boundaries of the land proposed to be cancelled

* 1. For mineral owner authorities

Provide the lot and deposited plan numbers of the land accordance with cl 19(b), cl 24(b) or cl 29(b) of the Regulation.

|  |  |
| --- | --- |
| Lot and deposited plan numbers | |
| Lot number |  |
| Deposited plan |  |
|  | |
| Lot number |  |
| Deposited plan |  |
|  | |
| Lot number |  |
| Deposited plan |  |

If there is inadequate space above, provide the lot and deposited plan numbers of any other area of land to be cancelled.

|  |
| --- |
|  |

1. Reason for cancellation/part cancellation

|  |
| --- |
|  |

1. Completion of rehabilitation
   1. Has rehabilitation been completed and/or deemed satisfactory?

Rehabilitation is deemed ‘satisfactory’ when:

* a form [ESF2 – Rehabilitation completion and/or Review of rehabilitation cost estimate](https://www.resourcesregulator.nsw.gov.au/rehabilitation/resources/rehabilitation-forms) is submitted to the Department by the authority holder, and
* the Department has formally notified the authority holder that the rehabilitation is satisfactory

Has rehabilitation (including any progressive/partial rehabilitation) already been completed and deemed satisfactory by the Department?

|  |
| --- |
| Provide details of correspondence including Department references below |
|  |

Has rehabilitation (including any progressive/partial rehabilitation) been completed, and you would like to seek formal confirmation from the Department that rehabilitation has been successful, **without** seeking a reduction in the security deposit?

If **yes**, ensure you have completed and attached form [ESF2 – Rehabilitation completion and/or Review of rehabilitation cost estimate](https://www.resourcesregulator.nsw.gov.au/rehabilitation/resources/rehabilitation-forms) to this application.

Has rehabilitation (including any progressive/partial rehabilitation) been completed, and you would like to seek formal confirmation from the department that rehabilitation has been successful, and you **are** seeking a reduction in the security deposit?

If **yes**, ensure you have completed and form [ESF2 – Rehabilitation completion and/or Review of rehabilitation cost estimate](https://www.resourcesregulator.nsw.gov.au/rehabilitation/resources/rehabilitation-forms) to this application.

Rehabilitation has **not** been completed

1. Fee payment

Payment, proof of payment or details that allow the payment to be made must accompany this application form.

* 1. Fees and calculation
* the application fee amount is $250 per full cancellation of each authority or $500 per part cancellation

Note: a separate form must be used for each part cancellation.

* 1. Select your payment method

|  |  |
| --- | --- |
| Select | Payment Method |
|  | **Direct deposit**  Account name: Department of Regional NSW  BSB: 032 001  Account number: 183837  Reference: CAN [authority type and number] (e.g. CAN EL1234)  If you are paying by direct deposit, attach a copy of the receipt issued by your banking authority as evidence that you have paid. |
|  | **Credit card\*** |
| To pay by credit card, please tick the credit card box and contact (02) 4063 6600 to speak to a customer service representative. To comply with PCI-DSS your Credit Card information is never stored on file.  You may also submit the application on TMS. |
| \*Credit card merchant fees are applicable to all credit card payments and will be added to the payment amount at the following rates:  Visa & Mastercard: 0.4% Amex: 1.4% |

1. Checklist of items to be included with this application

|  |  |  |
| --- | --- | --- |
| Item |  | Reference |
| A map or plan of the proposed area to be retained |  | Question 4 |
| Form ESF2 – Rehabilitation Completion and/or Review of Rehabilitation Cost Estimate (if applicable) |  | Question 6.1 |
| For payments made by direct deposit – proof of payment |  | Question 7 |
| For agents only – evidence of appointment as agent |  | Question 9.2 |

* 1. Have you lodged all the required information with this form?

Yes

1. Declaration

This form should be signed by the applicant/s (in the case of a company a duly authorised officer) or an agent authorised to act on behalf of the applicant/s.

* 1. Applicant/s (individual or company)

Each applicant (or the authorised officer) must complete the declaration below and sign this form.

* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900 NSW* Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence, and under the Mining Act section 378C, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.
* (For companies only) In addition to the declaration above, by signing below, **I also** certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 2 of this form.

|  |  |
| --- | --- |
| 1st Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 2nd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 3rd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

* 1. Agent authorised to act for this applicant/s

Evidence of appointment is required if it has not been previously supplied to the Department.

* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900* NSW Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence, and under the Mining Act section 378C, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.
* (For companies only) In addition to the declaration above, by signing below, I also certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 3 of this form.

|  |  |
| --- | --- |
| Agent details | |
| Name |  |
| Position/title |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email |  |
| Date |  |
| Signature | Agent Signature |

Evidence of appointment:

I have attached evidence of appointment to this application

I have previously supplied evidence of appointment to the Department.

# Office/Administrative use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application received: | | | | |
| Time: |  | Date: |  |
| Officer’s Name |  | | |
| Signature | Office use only signature | | |
| **Application fee amount:** $250 per full cancellation per authority (or $500 per partial cancellation) | | | | |
| Fee amount | $ | | |
| **Total amount:** | $ | | |
| **Receipt number** |  | | |

# Document control

Approved by: Executive Director, Assessments and Systems, Regional NSW under delegation from the Minister administering the Mining Act*.*

CM9 Reference: RDOC22/120015

|  |  |  |
| --- | --- | --- |
| Amendment schedule | | |
| **Date** | **Version #** | **Amendment** |
| July 2020 | 1.0 | New format for Regional NSW. Form updated to reflect new Departmental name and branding, and updated links |
| August 2022 | 2.0 | Updated credit card details  New format to reflect new template Regional NSW/MEG  Update contact details to reflect @regional email address  Updated footer: document number and date  Reviewed links |
| March 2023 | 3.0 | Form updated to reflect commencement of Mining Regulation 2016 on 1 March 2023. Included information on protected reserves and incomplete applications.  Administrative amendments |

1. Clause 97, Regulation. [↑](#footnote-ref-2)
2. Clauses 19, 24 and 29, Regulation. [↑](#footnote-ref-3)