

# Record a change of authority holder or applicant name

Form AD12, *Mining Act 1992*



Regional  
NSW

## Lodgement information

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

Mining, Exploration and Geoscience

### Resource Operations

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

[resource.operations@planning.nsw.gov.au](mailto:resource.operations@planning.nsw.gov.au)

## Note

- any reference to the '**Department**' in this form, refers to **Regional NSW**

## How to submit this form

- **By email:** Send an electronic copy of the form including any attachments and proof of payment to [resource.operations@planning.nsw.gov.au](mailto:resource.operations@planning.nsw.gov.au)
- **By mail:** Mail your form, any attachments and proof of payment to Mining, Exploration and Geoscience, Resource Operations, PO Box 344, Hunter Region Mail Centre NSW 2310
- **In person:** Submit your application in person at the Department office, 516 High Street, Maitland, New South Wales. Office hours are 8.30am to 4.30pm

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The information contained in this publication is based on knowledge and understanding at the time of writing (July 2020). 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 confirm applicant details in the event that subsequent applications are made and may also be used to establish and maintain databases to assist the Department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

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access and correct any information the Department holds if that information is inaccurate, incomplete, not relevant or out of date.

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## When to use this form

**Complete this form if you hold or have applied for an authority/s in New South Wales and you have changed your name (for individuals) or the company has changed their name but retained the same ACN.**

If there is insufficient room in the fields, please provide the information as an attachment.

## Important notes

### Agents

If this application is lodged by an agent on behalf of the applicant/s, the Department may seek confirmation of the authority under which the agent operates and any limits of that authority. 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 ([cl97](#) of the Mining Regulation 2016).

### How to submit this form

Refer to the cover page for details.

### Next steps

We will notify you in writing of the outcome of your application.

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## 1 Authority/s or application/s affected by the name change

Type - eg AL, EL, ML	Number	Act

### Additional authority/s or application/s

Provide the type and number of additional authorities or applications affected by the name change.

Additional details

## 2 Current authority holder/s or applicant/s details on record who are seeking to record a change in details

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

Full name of the authority holder/s	
Name	
ACN / ARBN	
Name	
ACN / ARBN	
Name	
ACN / ARBN	

### Additional current authority holder/s or applicant/s

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

Additional details

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## 3 New details to be recorded

Provide the new full name, contact details, street address (individuals), registered street address (companies), postal address details and if applicable, the ACN or ARBN (for foreign companies). For companies, the ACN must remain the same otherwise a transfer of authority holder/s is required (refer to [AD2](#) or [AD3](#) – Application for approval of transfer).

1 <sup>st</sup> Contact details	
Name	
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

  

2 <sup>nd</sup> Contact details	
Name	
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

  

3 <sup>rd</sup> Contact details	
Name	
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

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## Additional applicants

Provide the full name, phone number, email address, ACN or ARBN (for foreign companies), registered street address and postal address details of additional applicants.

### Additional details

## 4 Evidence of change of name

For companies, provide a copy of the ASIC extract or similar. For individuals, provide a change of name certificate or similar.

I have attached evidence of the change of name

## 5 Contact for this application

Any correspondence in relation to this application will be sent to this person.

### Details

Contact name	
Position held	
Company	
Postal address	
Phone (incl area code)	
Mobile	
Email	

### Your preferred contact method

- Email (for companies - provide a company email address which is regularly monitored rather than an individual employee's email address)
- Mail (including DX)

## 6 Checklist of items to be included with this application

Item		Reference
Evidence of change of name	<input type="checkbox"/>	Question 4
For agents only – evidence of appointment as agent, if this has not been previously supplied to the Department	<input type="checkbox"/>	Question 7

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## 7 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.

### 7.1 Applicant/s (individual or company)

For each applicant (signed below):

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 1992 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.

1 <sup>st</sup> Applicant details	
Name	
Position/title	
Date	
Signature	

  

2 <sup>nd</sup> Applicant details	
Name	
Position/title	
Date	
Signature	

  

3 <sup>rd</sup> Applicant details	
Name	
Position/title	
Date	
Signature	

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## 7.2 Agent authorised to act for this applicant/s

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

Agent details	
Name	
Position/title	
Date	
Signature	

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## Office/Administrative use only

Application received:	
Time:	Date:
Officer's Name	
Signature	

## Document control

Approved by: Executive Director, Resource Operations, Regional NSW under delegation from the Minister administering the *Mining Act 1992*.

CM9 Reference: DOC20/429521

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.