

Form AD12

Record a change of authority holder or applicant name

Mining Act 1992

February 2018 | v2.3

More information

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

Division of Resources and Geoscience

Titles Customer Assistance Line

Phone +61 2 4931 6500 (9:30am-4:30pm)

titles.services@industry.nsw.gov.au

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The information contained in this publication is based on knowledge and understanding at the time of writing. However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the NSW Department of Planning and Environment or the user's independent advisor.

Privacy statement

This information is collected by the NSW Department of Planning and Environment 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access and correct any information the Department holds if that information is inaccurate, incomplete, not relevant or out of date.

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.

Important notes

If this application is lodged by an agent on behalf of the authority holder/s, the NSW Department of Planning and Environment (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 ([Clause 97](#) of the *Mining Regulation 2016*).

How to submit this form

- **By email:** Send an electronic copy of the form including any attachments and proof of payment to titles.services@industry.nsw.gov.au
- **By mail:** Mail your form, any attachments and proof of payment to Division of Resources and Geoscience, Titles Services, PO Box 344, Hunter Region Mail Centre NSW 2310.
- **In person:** Submit your application in person at the Division of Resources and Geoscience's Titles Services office, 516 High Street, Maitland, New South Wales. Office hours are 9.30am to 4.30pm.

Next steps

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

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

Type – AL, EL, ML, ELA	Number	Act
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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).

Name	<input type="text"/>
ACN/ARBN	<input type="text"/>

Name	<input type="text"/>
ACN/ARBN	<input type="text"/>

Name	<input type="text"/>
ACN/ARBN	<input type="text"/>

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.

<input type="text"/>

3 New details to be recorded

Provide the new full name, registered street address, 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).

Name	<input type="text"/>
ACN / ARBN	<input type="text"/>
Registered street address	<input type="text"/>

Postal address	<input type="checkbox"/> Same as above Enter here if different
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Name	
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ACN / ARBN	
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Registered street address	
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Postal address	<input type="checkbox"/> Same as above Enter here if different
----------------	---

Name	
------	--

ACN / ARBN	
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Registered street address	
---------------------------	--

Postal address	<input type="checkbox"/> Same as above Enter here if different
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Additional authority holder/s or applicant/s

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

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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 relating to this application will be sent to this person.

Contact name	
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Position held	
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Company	
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Postal address	
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Phone (inc. area code)	
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Mobile	
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Email	
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Your preferred contact method

- Email (For companies – provide a generic company email address which is regularly monitored rather than an individual employee’s email address.)
- Mail

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

7 Declaration

This form should be signed by the applicant and all existing authority holders or an agent authorised to act on such person’s behalf.

I/We declare that the information provided in this application is true and correct. I/We understand that under [Part 5A](#) of the *Crimes Act 1900*, knowingly giving false or misleading information is a serious offence; and under [Section 378C](#) of the *Mining Act 1992*, any person who provides information that the person knows to be false or misleading is also guilty of an offence, for which they may be subject to prosecution.

7.1 Applicant


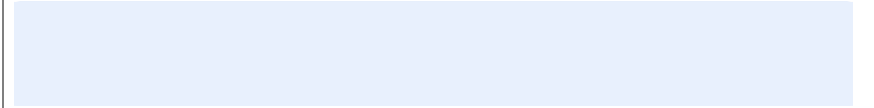
Name	
Position/title	
Date	
Signature	

AND

7.2 Existing authority holders

Name	
Position/title	
Date	
Signature	

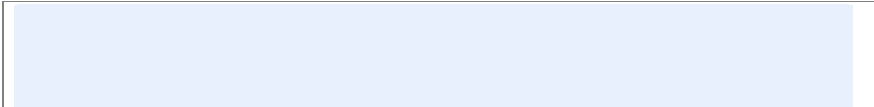
Name	
Position/title	
Date	

Signature	
Name	<input type="text"/>
Position/title	<input type="text"/>
Date	<input type="text"/>
Signature	

OR

Agent authorised to act for this applicant/s

Provide evidence of appointment if this has not been previously supplied to the Department.

Name	<input type="text"/>
Position/title	<input type="text"/>
Date	<input type="text"/>
Signature	

8 Office use only

Application received:

Time:

Date:

Received under delegation from the Secretary

Name

Signature

Document control

Authorised by: Director Titles Services

RM8 Reference: PUB16/330

Amendment schedule

Date	Version #	Amendment
30 June 2016	2.0	Components updated (Forms project), new template
1 April 2017	2.1	Update to legislation, bank details, project codes, dept name
21 December 2017	2.2	Update DPE branding, project code removal and new DPE banking details
1 February 2018	2.3	Removal of fees