



PLEASE NOTE - In addition to an FMC, a BUSINESS BCeID is required to access Mineral Titles Online (MTO). To register visit www.BCeID.ca

1. APPLICANT INFORMATION

PARTNERSHIP NAME

Form with fields for ADDRESS, CITY, PROVINCE / STATE, POSTAL / ZIP CODE, COUNTRY, PHONE NUMBER, FAX NUMBER, EMAIL

2. QUESTIONS

- 1) DO YOU CONSENT TO THE RELEASE OF THE PARTNERSHIP NAME AND ADDRESS TO MINING ASSOCIATIONS IN CANADA...
2) IS THE PARTNERSHIP REGISTERED UNDER THE PARTNERSHIP ACT OF BRITISH COLUMBIA?
3) IS EACH PARTNER ORDINARILY A RESIDENT OF CANADA FOR MORE THAN 183 DAYS OF EACH CALENDAR YEAR?
4) IF YOU ANSWERED "NO" TO QUESTION 3, PLEASE ANSWER THE FOLLOWING:
a) IS EACH PARTNER A CANADIAN CITIZEN?
b) IS EACH PARTNER AUTHORIZED TO WORK IN CANADA?
c) IS THE PARTNERSHIP REQUESTING A FREE MINER CERTIFICATE BY ORDER OF THE CHIEF GOLD COMMISSIONER?
5) IS ONE OR MORE OF THE PARTNERS A COMPANY?
6) DO YOU ACKNOWLEDGE THAT AN FMC DOES NOT AUTHORIZE YOU:
a) TO USE AN FMC FOR PURPOSES OTHER THAN ACTIVITIES DIRECTLY RELATED TO MINERAL OR PLACER EXPLORATION AND MINING
b) TO USE YOUR TITLE FOR RESIDENTIAL OR RECREATIONAL PURPOSES
c) TO PLACE ANY STRUCTURE (CABIN, GREENHOUSE, GARBAGE, ETC.) ON YOUR TITLE
d) TO CONDUCT ANY MINING ACTIVITY (EXPLORATION, ROAD BUILDING ETC.) WITHOUT APPROVAL FROM A REGIONAL MINES OFFICE
e) TO HUNT, FISH, OR ACQUIRE OR CARRY A FIREARM

Registration Number:
Client Number:

3. ACKNOWLEDGEMENT

THE INFORMATION COLLECTED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MINERAL TENURE ACT (R.S.B.C. 1996, CHAP 292), AND IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. THE PURPOSE OF THE INFORMATION PROVIDED IS FOR TITLE REGISTRATION AND TO FACILITATE IN THE ADMINISTRATION OF TITLE UNDER THE MINERAL TENURE ACT. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION, USE, AND DISCLOSURE OF THIS INFORMATION, CONTACT THE MINERAL TITLES OFFICE AT 1-866-616-4999 (TOLL FREE) OR MINERAL.TITLES@GOV.BC.CA. SEND COMPLETED APPLICATION AND FEE PAYABLE TO "MINISTER OF FINANCE", TO MINERAL TITLES, 300-865 HORNBY ST, VANCOUVER, BC, V6Z 2G3.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE AND THAT I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE.

NAME OF A PARTNER

DATE