

FORM

Application for review of assessed security deposit

Form AD17

March 2020

Mining Act 1992, Petroleum (Onshore) Act 1991

How to submit this form

- **By email:** Send an electronic copy of the form including any attachments to nswresourcesregulator@service-now.com
- **By mail:** Mail your form and attachments to
NSW Resources Regulator, PO Box 344, Hunter Region Mail Centre NSW 2310.
- **In person:** Submit your application in person at Department of Planning, Industry and Environment, NSW Resources Regulator, 516 High Street, Maitland, NSW. Office hours are 9:30am to 4:30pm.

Important notes

Use this form to request a review by the Minister of the Secretary's assessed security deposit.

This form has been prepared in accordance with the requirements of s261BD of the *Mining Act 1992*.

The information requested in this form may not be specifically referenced in the *Mining Act 1992*, *Mining Regulation 2016*, *Petroleum (Onshore) Act 1991* or *Petroleum (Onshore) Regulation 2016*, however its inclusion in the approved form validates the authority of the NSW Department of Planning, Industry and Environment, NSW Resources Regulator (the department) to request it.

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

This application form must not be altered in any way. It can be either completed electronically using Microsoft Word or printed.

For a review to be considered the application seeking a review must be lodged with the Secretary within 28 days of notice being given to the holder of the authorisation of the assessment.

If an application is lodged and any information that is required to accompany that application is lodged with the Secretary more than 10 business days after lodging the application, the application may be refused (*Mining Act 1992* Schedule 1B cl6(d)).

The department's website provides comprehensive information relating to completion of applications, methods of lodgement, departmental policies and contact details at www.resourcesregulator.nsw.gov.au

Declaration

This form is to be completed by authority holders applying for a review by the Minister of the Secretary's assessment of the amount of security deposit required for the authorisation or for a group of authorisations.

If this application is lodged by any party other than the authority holder (i.e. an agent), the department may seek confirmation of that authority and any limits of that authority given to that other party by the authority holder (*Mining Act 1992* section 163F and section 97F of the *Petroleum (Onshore) Act 1991*). 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. Authority details

| | |
|---|--|
| Authority type and number (e.g. ML123, EL123) | |
| Act authority granted under: | |
| Expiry date: | |

Additional authority details

If there is more than one authority, then provide the authority type and number; Act authority was granted under and expiry date of the additional authorities.

2. Authority holder details

Provide the full name of authority holder/s and if applicable, the ACN or ARBN (for foreign companies). Authority holders may wish to attach a separate table where there are multiple authorities.

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

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

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

- If there are more than three holders, please check this box and provide information on additional holders on a separate sheet accompanying this application. Please include name and ACN (if applicable) of each holder.

3. Contact for this application

Any correspondence in relation to this application will be sent to this person. Correspondence may also be issued to the authority holder as well as the authorised agent.

| | |
|-----------------------------|--|
| Contact name | |
| Position held | |
| Company | |
| Postal address | |
| Phone (including area code) | |
| Mobile number | |
| Email | |

Your preferred method contact method

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

4. Specify particulars of the grounds for review of the assessment

Provide grounds for why the review is being requested, including addressing the reasons given by the Secretary in the notice of assessment. If further space is required please attach an additional sheet to this application.

5. Checklist of items to be included with this application

- A rehabilitation Cost Estimate in accordance with [ESG1: Rehabilitation Cost Estimate Guidelines](#)

6. Declaration by the authority holder/s or authorised agent

I/We certify that the information provided in this application is true and correct.

I/We understand that under Part 5A of the *Crimes Act 1900*, that knowingly giving false or misleading information is a serious offence; and under Section 378C of the *Mining Act 1992* or Section 135 of the *Petroleum (Onshore) Act 1991*, 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.

| | |
|----------------|---|
| Name | |
| Position/title | |
| Company name | |
| Date | |
| Signature |  |

| | |
|----------------|---|
| Name | |
| Position/title | |
| Company name | |
| Date | |
| Signature |  |

FORM

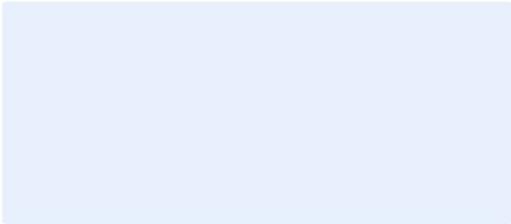
Application for review of assessed security deposit

| | |
|----------------|---|
| Name | |
| Position/title | |
| Company name | |
| Date | |
| Signature |  |

OR

Agent authorised to act for this authority holder/s

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

| | |
|----------------|---|
| Name | |
| Position/title | |
| Company name | |
| Date | |
| Signature |  |

Document control

Authorised by: Director Compliance

AMENDMENT SCHEDULE

| Date | Version | Amendment |
|------------|---------|---|
| March 2020 | 1.0 | This form brings the former Department of Industry, Resources & Energy AD17 form into the NSW Resources Regulator template. |
| | | |

© State of New South Wales through Department of Planning, Industry and Environment 2020. You may copy, distribute, display, download and otherwise freely deal with this publication for any purpose, provided that you attribute the Department of Planning, Industry and Environment as the owner. However, you must obtain permission if you wish to charge others for access to the publication (other than at cost); include the publication in advertising or a product for sale; modify the publication; or republish the publication on a website. You may freely link to the publication on a departmental website.

Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (March 2020) and may not be accurate, current or complete. The State of New South Wales (including the NSW Department of Planning, Industry and Environment), the author and the publisher take no responsibility, and will accept no liability, for the accuracy, currency, reliability or correctness of any information included in the document (including material provided by third parties). Readers should make their own inquiries and rely on their own advice when making decisions related to material contained in this publication.

CM9 reference: DOC20/196663