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Forms

Form 1

Application for prospecting, exploration, or
mining permit under section 23(1) of Crown
Minerals Act 1991

Note: The personal information you must include in this form is needed to process your application under the Crown Minerals Act 1991. You have the right under the Privacy Act 1993 or the Official Information Act 1982 to access this information and request that it be corrected.

Applicant details

Applicant's full name:

Address for service:

Email:

Applicant type. Select one from the following list:

- incorporated society
- overseas company
- partnership
- charitable trust
- registered company
- local authority
- industrial and provident society
- Crown

Applicant's New Zealand Companies Office number: [*the unique number assigned to the company on its incorporation*]

Applicant type: [*specify, eg, incorporated society, overseas company, partnership, charitable trust, registered company, local authority, industrial and provident society, Crown*]

Details of contact persons

General contact person: [*full name*]

Telephone:

Financial contact person: [*full name*]

Telephone:

Geotechnical contact person: *[full name]*

Telephone:

Email:

Permit details

Permit type:

Permit number (if application for subsequent permit):

Non-exclusive permit sought (if prospecting application): Yes/No

Duration: *[years, months]*

Area: *[hectares or square kilometres]*

Location: *[region]*

Onshore: Yes/No

Payment of fee

Payment method. Select one from the following list:

- cash
- credit card
- cheque
- direct debit
- direct credit

Payment of fee

Payment method: *[specify cash, credit card, cheque, direct debit or direct credit]*

Supporting information

With your application, please send the fee prescribed under the Crown Minerals (Petroleum Fees) Regulations 2006 for an application of this type (or evidence of its having been paid) and any information that is required under the Crown Minerals (Petroleum) Regulations 2007 to accompany an application of this type.

Authorised signature(s)

If this application is made by 2 or more persons, it must be signed and dated by each signatory in accordance with regulation 6 of the Crown Minerals (Petroleum) Regulations 2007.

Authorised signature(s):

Date:

Form 6
Notification of changes to charitable entity that is
single entity
Section 40, Charities Act 2005

Single entity details

- 1 Legal name of the single entity.

- 2 Legal name of the parent entity.

- 3 Single entity registration number.

Changes to single entity's details

- 4 New legal name of the single entity.

- Effective date of change

- 5 New other name of the single entity.

- Effective date of change

- 6 New name of the parent entity.

- Effective date of change

- 7 New address for service for the single entity.

- Effective date of change

Form 6—continued

8 New end of financial year / balance date for the single entity. (day/month)
[]

Effective date of change (day/month/year)
[]

9 Changes to other details (optional). Phone (day):
[]

Fax:
[]

Email:
[]

Website:
[]

Changes to charitable purpose

Sectors

10 If your sectors of operation have changed, please indicate what you do now. Please select as many boxes as needed.

<input type="checkbox"/> accommodation / housing	<input type="checkbox"/> sport / recreation
<input type="checkbox"/> education / training / research	<input type="checkbox"/> care / protection of animals
<input type="checkbox"/> health	<input type="checkbox"/> international activities
<input type="checkbox"/> environment / conservation	<input type="checkbox"/> economic development
<input type="checkbox"/> marae on reservation land	<input type="checkbox"/> fund-raising
<input type="checkbox"/> community development	<input type="checkbox"/> disability
<input type="checkbox"/> emergency / disaster relief	<input type="checkbox"/> promotion of volunteering
<input type="checkbox"/> social services	<input type="checkbox"/> other (please state below)
<input type="checkbox"/> employment	
<input type="checkbox"/> religious activities	
<input type="checkbox"/> arts / culture / heritage	

[]
[]

Effective date of change (day/month/year)
[]

11 If your main sector of operation has changed, please indicate what it is now. []
[]

Effective date of change (day/month/year)
[]

Form 6—*continued***Activities**

- 12 If your activities have changed, please indicate what you do now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> makes grants / loans to individuals | <input type="checkbox"/> provides advice / information / advocacy |
| <input type="checkbox"/> makes grants / loans to organisations (including schools or other charities) | <input type="checkbox"/> sponsors / undertakes research |
| <input type="checkbox"/> provides other finance (eg, investment funds) | <input type="checkbox"/> acts as an umbrella / resource body |
| <input type="checkbox"/> provides human resources (eg, staff / volunteers) | <input type="checkbox"/> provides religious services / activities |
| <input type="checkbox"/> provides buildings / facilities / open space | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> provides services (eg, care / counselling) | |

[]

Effective date of change

(day/month/year)

- 13 If your main activity has changed, please indicate what it is now.

[]

Effective date of change

(day/month/year)

Beneficiaries

- 14 If your beneficiaries have changed, please indicate who they are now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> children / young people | <input type="checkbox"/> older people |
| <input type="checkbox"/> voluntary bodies other than charities | <input type="checkbox"/> people with disabilities |
| <input type="checkbox"/> animals | <input type="checkbox"/> general public |
| <input type="checkbox"/> people of a certain ethnic / racial origin | <input type="checkbox"/> migrants / refugees |
| <input type="checkbox"/> family / whanau | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> religious groups | |
| <input type="checkbox"/> other charities | |

[]

Effective date of change

(day/month/year)

Form 6—*continued*

- 15 If your main beneficiary has changed, please indicate who it is now.

Effective date of change

 (day/month/year)**Areas of operation**

- 16 If your areas of operation have changed, please indicate what they are now. Please select as many boxes as needed.

New Zealand Nationwide**Or less than nationwide**

- | | |
|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Wellington–Wairarapa |
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Nelson–Marlborough–Tasman |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Canterbury |
| <input type="checkbox"/> Gisborne | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Hawke’s Bay | <input type="checkbox"/> Southland |
| <input type="checkbox"/> Taranaki | <input type="checkbox"/> Chatham Islands |
| <input type="checkbox"/> Manawatu–Wanganui | |

Overseas

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Oceania | <input type="checkbox"/> Antarctica |
| <input type="checkbox"/> Asia | <input type="checkbox"/> South America |
| <input type="checkbox"/> Africa | <input type="checkbox"/> North America |
| <input type="checkbox"/> Europe | |

Effective date of change

 (day/month/year)

- 17 Identify the percentage of New Zealand-sourced funds that were spent overseas in the last financial year (or if the single entity has not been operating for a year, the percentage of New Zealand-sourced funds that the single entity intends to spend overseas in the upcoming financial year).