

THE MINING ACT.

**THE MINING (LICENSING)
REGULATIONS, 2019.**

FORM III

Regulation 14 (1)

APPLICATION FOR AN EXPLORATION LICENCE.

*(Accompanied by coordinates of the area applied for, a work programme
for the period of licence and the first year's mineral rent and fees)*

To: THE COMMISSIONER FOR THE GEOLOGICAL SURVEY AND MINES DEPARTMENT.

1. Name of applicant (individual or company) in full.	
2. Name of the person submitting the application. -Nationality. -Relation to the applicant (Attach board resolution or registered power of attorney in case of company).	
3 Physical address in Uganda at which notices may be served. (Plot No., street, zone) village, sub county and district	
4.Office Tel: Mobile: Email address	
5. If applicant is a corporate entity, attach a certified copy of a certificate of incorporation, and Articles and Memorandum of Association	
6. Tax Identification Number. Note: Attach current Tax clearance certificate	
7. Mineral for which the license is sought	
8.Has the applicant previously held any mineral right, authorizing prospecting exploration or mining in Uganda, which has- (a) expired; (b) been renewed; (c) been cancelled; (d) been revoked; (crosscheck cancel & revoked) (e) been forfeited.	

9. If the answer to any paragraph in No.9 is yes, please mention the type, number and particulars of mineral right and explain	
10. Has the applicant been convicted of any offence in connection with prospecting, exploration, mining, explosives, or the employment of labor or involving dishonesty or fraud?	
11. Attach any other documents or information that the applicant wishes the Commissioner to consider	
12. Provide coordinates of vertices of the applied area in UTM zone Arc 1960 or WGS 84	
13. Have you been submitting returns of your prospecting operations to the Commissioner as required under the Act or these Regulations (if yes, attach proof)	
14. Proof of performance bond in accordance with section 112 (1), where applicable (30% of the budget of the costed environmental restoration plan)	
15. Have you submitted a costed environmental restoration plan , if so indicate the budget	
16. Name, telephone number of person who will be resident on the area if this application is granted.	

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge. Dated thisday of, year 20

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Signature of Applicant.