

THE MINING ACT.

THE MINING (LICENSING) REGULATIONS, 2019.

FORM IV

Regulation 18 (1) (b)

APPLICATION FOR A RETENTION LICENCE

(Accompanied by requirements under subsection (2) of section 35 of the Act, map 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 a registered board resolution and registered power of attorney)	
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prospecting exploration or mining in Uganda, which has- (a) expired; (b) been renewed; (c) been cancelled; (d) been revoked; (crosscheck cancel & revoked) (e) been forfeited.	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	
11. Attach any other documents or information that the applicant	
12. Provide coordinates of vertices of the applied area in UTM	
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.	

Attach requirements under section 35(2) of the Act

I HEREBY CERTIFY that the information given above is true to the best of my knowledge.

Dated thisday of, year 20

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Signature of Applicant.