# Company Letterhead

# Example authorisation letter to nominate an authorised holder representative/agent/ holder representative – secondary user

Queensland Government

C/- Executive Director, Georesources

Department of Resources

Po Box 15216,

City East Qld 4002

I/we the undersigned, being the [applicants/holders/authorised representative] of the relevant resource authorities listed below, nominate the following [Authorised Holder Representative/Agent/Holder Representative – secondary user] to complete application and transactions and may request and receive information and statutory documents on my/our behalf.

{Please complete relevant section, delete not required contact table}

**Details of authorised holder representative**

|  |  |
| --- | --- |
| Name - individual or chief executive officer if applicant is an organisation      | Date of birth if an individual      |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Email       |

**Details of Agent**

|  |  |
| --- | --- |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Generic Email       |

**Details of holder representative – secondary user**

|  |  |
| --- | --- |
| Name - individual or chief executive officer if applicant is an organisation      | Date of birth if an individual      |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Email       |

This authorisation is in relation to the following resource authorities or application/s, and future submissions of applications. If an application listed below is granted the authorisation extends to the resulting resource authority while the resource authority remains current.

|  |  |
| --- | --- |
| **Resource authority and or application numbers**  | **Type** |
|       | Application/Resource authority |
|       | Application/Resource authority |
|       | Application/Resource authority |
|       | Application/Resource authority |
|       | Application/Resource authority |
|       | Application/Resource authority |

I/we agree if there are changes to this authority, or there are changes in the ownership of the application/s, or resulting resource authorities, I/we will complete a new letter of authority and submit it to the Queensland Government, C/- Executive Director, Georesources. Unless and until such notification is received, the Queensland Government will be entitled to continue to rely on this authority.

The [Authorised Holder Representative/Agent/Holder Representative- secondary user] nominated above has my/our explicit authority to undertake all activities and transactions under the Mineral Resources Act, Petroleum and Gas (Production and Safety) Act, Petroleum Act, Geothermal Energy Act, Greenhouse Gas Storage Act, Mineral and Energy Resources (Common Provisions) Act or any other mining associated legislation or the Environmental Protection Act or any corresponding Regulations with the Queensland Government in relation to the application/s or resource authorities listed above. Examples of these activities and transactions are:

1. Completing and lodging the resource authority related applications.
2. Responding to requests for information from any Queensland Government department relating to the resource authority application, or if granted, the resource authority.
3. Being the point of contact for application and resource authority notices, letters or other interactions and transactions.
4. Completion and submission of notices, reports, returns, letters and other information or communication required to be completed by any Queensland Government department
5. Completion and submission of transactions throughout the active life of the resource authority (if granted), including the payment of annual fees and completion of annual returns for environmental authorities.
6. Granting access to the MyMinesOnline computer system to other people to have the ability to perform authorised holder representative responsibilities, but not the ability to grant additional access.
7. Requesting and obtaining access to confidential information (as defined in the *Mineral Resources Act* or the *Petroleum and Gas (Production and Safety) Act*) concerning royalty obligations in relation to the resource authorities or application/s listed above.
8. Request and obtain confidential reports lodged on the GSQ Portal regarding the resource authorities above.

I/we acknowledge that it is our responsibility to be informed of any actions undertaken by the [Authorised Holder Representative/Agent/Holder Representative- secondary user] and to inform the [Authorised Holder Representative/Agent/Holder Representative- secondary user] of any actions undertaken by me/us. I/we also acknowledge that in regard to the above activities and transactions, any legislative notification provision that refers to notifying either the applicant or the holder of a resource authority or authorisation may be met by notifying the [Authorised Holder Representative/Agent/ Holder representative - secondary user], except where legislatively provided to the contrary, whether expressly or impliedly.

I/we acknowledge that the [Authorised Holder Representative/Agent/Holder Representative - secondary user] and I/we am/are jointly and severally liable for knowingly or having reasonably ought to have known and/or intentionally giving the administering authority under the Environmental Protection Act false, misleading or incomplete statements or documents in relation to the above resource authorities/applications.

**Details of all applicants/resource authority holders making this authorisation**

|  |  |
| --- | --- |
| Name - individual or director / company secretary if the applicant is an organisation      | Date of birth if an individual      |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Email       |
| Signature \* | Date      |

|  |  |
| --- | --- |
| Name - individual or director / company secretary if the applicant is an organisation      | Date of birth if an individual      |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Email       |
| Signature \* | Date      |

|  |  |
| --- | --- |
| Name - individual or director / company secretary if the applicant is an organisation      | Date of birth if an individual      |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Residential or registered business address (not a post office box)      | Phone      |
| Postal address (if different from above)      |
| Email       |
| Signature \* | Date      |

\*signed in accordance with s127 of the Corporations Act. Authorisation signed by two Directors, or one Director one Company Secretary, or one Director and under Company Seal

**Authorised Holder Representative**

I understand and accept the responsibilities of the authorised holder representative as defined in this letter.

Signature of Authorised Holder Representative named above

|  |  |
| --- | --- |
| Name - individual or chief executive officer if applicant is an Organisation       |  |
| Position       |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Signature | Date      |

**Agent**

I understand and accept the responsibilities of the authorised holder representative as defined in this letter.

Signature of Agent named above

|  |  |
| --- | --- |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Signature | Date      |

**Holder Representative – Secondary User**

I understand and accept the responsibilities of the holder representative as defined in this letter.

Signature of Holder Representative named above

|  |  |
| --- | --- |
| Name - individual or chief executive officer if applicant is an Organisation       |  |
| Organisation name       | Organisation number (e.g. ACN/ARBN etc.)      |
| Signature | Date      |