



Chief, Mining Lands

TERRITORIAL LANDS (YUKON) ACT COAL REGULATION

ASSIGNMENT OF COAL LEASE

Submit to district mining recorder.	Office date stamp				
Mining District					
THIS INDENTURE made thisday of, 20,					
BETWEEN					
of, complete mailing address of assignor					
AND					
of					
COMPLETE MAILING ADDRESS OF ASSIGNEE ,					
WHEREAS the Chief of Mining Lands did grant to the Assignor for a term of 21 years, co					
to mine for coal on parts of the lands described available for coasubject to all provisions of the Act, and hereby acknowledges receipt from the Assignee					
00/ ₁₀₀ DOLLARS (\$					
or other good and valuable consideration and is entitled to assign the above mentioned NTS Map Sheet Number	coal lease located on				
With the unexpired term and benefits of the said lease, subject to the provisions of the A said lease is a good, valid and subsisting lease, and that subject to said Act, the Assignor authority to assign the said rights and lease. The Assignor does hereby sell, assign, and rights, title and interest in and to coal lease number	or has full power and absolute				
e Assignee undertakes to assume, on a joint and several liability basis, all obligations contained in coal lease mber, to the same extent as if the lease had been originally granted to the Assignee. Further, t signee undertakes to comply with all provisions of the <i>Territorial Lands (Yukon) Act Coal Regulation</i> , including, but noted to operating conditions governing the reclamation of all areas affected by the mining activities conducted under authority of the afore mentioned coal lease.					
The Assignor declares with the Assignee that the covenants and conditions of the Act are have been duly observed and performed by the Assignor up to the day of the date hereo Act and lease henceforth will be complied with.					
IN WITNESS WHEREOF the parties have hereunto set their hands and seals on the date	e first stated above.				
SIGNED, SEALED AND DELIVERED by the Assignor in the presence of					
Signature of witness to the Assignor Signature of Assig	nor				
SIGNED, SEALED AND DELIVERED by the Assignee in the presence of					
Signature of witness to the Assignee Signature of Assig	nee				
Approved on behalf of the Minister of Energy, Mines and Resources, as represented by the Chief, Mining Lands					

Access to Information and Protection of Privacy Act: This information is being collected under the authority of the Territorial Lands (Yukon) Act Coal Regulation and section 29(c) ATIPP Act for the purpose of administrating the Act and Regulation. This form may be made available to the public. For further information, contact the Department of Energy, Mines and Resources, Mining Lands Office at 867-667-3190 or toll free at 1-800-661-0408 extension 3190.

Date

			Co	al lease number	
AFFI	DAVIT OF ASSIGNEE				
I,	FULL NAME OF ASSIGNEE	. (of		
		,		CITY, PROVINCE/TERRITORY	,
	e oath and say that:		ł a .a.ł		
	THAT I am the Assignee/Agent named in the THAT undertake to complete the approved			ailed revised program for consideration	on
	and approval.			, -	
3.	THAT it is my intention to mine for coal on Lands (Yukon) Act Coal Regulation and gu		ibed in the said	d coal lease in accordance with the 7	erritorial
DEC	LARED before me				
this _	day of , 20_	in			·
Ū	ature of notary public		Signature of	Assignee	
Com	mission expiry: <u>YYYY/MM/DD</u>				
AFFI	DAVIT OF WITNESS FOR ASSIGNOR				
I,	FULL NAME OF WITNESS TO THE ASSIGNOR	, , (of	CITY PROVINCE/TERRITORY	,
	e oath and say that:			311,1110111102112111110111	
	THAT I was personally present and did see named Assignor/Agent in the within instrui indicated in the instrument;	e ment duly siç	gn, and execut	te that instrument at the time and pla	_ /
2.	THAT I know the said Assignor/Agent who OR	se signature	I witnessed.		
	The identity of the person whose signature	e I witnessed	l has been pro	ven to me to my satisfaction.	
3.	To the best of my knowledge and belief, the instrument.	ne person wh	nose signature	I witnessed is of the legal age to exe	cute
DEC	LARED before me				
this _	day of , 20	in			
Signa	ature of notary public		Signature of	witness to the Assignor	
Com	mission expiry: <u>YYYY/MM/DD</u>				
AFFI	DAVIT OF WITNESS FOR ASSIGNEE				
Ι,	FULL NAME OF WITNESS TO THE ASSIGNEE	, , c	of	CITY PROVINCE/TERRITORY	,
	e oath and say that:			011,11001102 1211110111	
	THAT I was personally present and did see named Assignee/Agent in the within instruindicated in the instrument;				_ ′
2.	THAT I know the said Assignee/Agent who	se signature	e I witnessed.		

	LARED before me, 20			
	the instrument.	·	whose signature I witnessed is of the legal age to exe	cute
	•		ed has been proven to me to my satisfaction.	
2.	indicated in the instrument; THAT I know the said Assignee/Agent who	ose signatu	ure I witnessed.	