

FORM L

GEOLOGICAL CONSULTANCY FIRM - PARTNERSHIP

PARTNERS FOR YEAR

(This form must be completed for **all partners** of the firm)

Name of Partnership :

Registration No. with the Board of Geologists :

(Note: Please leave blank for new application)

A. PARTNERS :

(Where space provided is insufficient, please attached annexed sheet)

*Partners	Name	Identification Card No/ Passport No.	Professional Geologist Registration No.	Geological field specialization/other	**Equity %

*Tick (✓) if it is a new Partner

** At least 70% of total share equity held by Registered Professional Geologists.

B. SIGNATURE OF PARTNERS

(Where space provided is insufficient, please attached annexed sheet)

(i)

.....
(Name)

(ii)

.....
(Name)

.....
(Stamp, Signature & Date)

.....
(Stamp, Signature & Date)

(iii)

.....
(Name)

(iv)

.....
(Name)

.....
(Stamp, Signature & Date)

.....
(Stamp, Signature & Date)