



Energy, Mines and Resources

Oil and Gas Resources Branch

Department of Energy, Mines and Resources, Government of Yukon

Suite 300, 211 Main Street, Whitehorse, Yukon Y1A 2B2

Ph: (867) 667-3427 • Fax: (867) 393-6262 • Email: oilandgasdisposition@gov.yk.ca

DISPOSITION TRANSFER FORM

This form is available in French
Également disponible en français

A, B, C, D

- A.** The disposition identified in **section E** is hereby transferred by the transferor(s) to the transferee(s) to the extent indicated by this Transfer.
- B.** This Transfer is supported by valuable consideration passing from the transferee(s) to the transferor(s).
- C.** This Transfer may be executed in separate counterparts, and all of the executed counterparts shall together constitute one Transfer and shall have the same force and effect as if all of the persons executing such counterparts had executed the same Transfer.
- D.** This Transfer has been executed by the authorized representatives of the transferor(s) and the transferee(s).

E. DISPOSITION

Submit one form for each disposition affected by the Transfer.

Disposition Type	Disposition Number
------------------	--------------------

F. LOCATION

Description of Location or part of Location being transferred attach additional page if necessary)

G. DESIGNATED REPRESENTATIVE

The current designated representative will remain in effect unless the following section is completed. The following new representative is designated for the disposition affected by this Transfer. The new designated representative will replace any previous designated representative. Provide full name of individual or corporation.

Previous designated representative (please print)	New designated representative (please print)
Signature	Signature
Capacity	Capacity
<input type="checkbox"/> Notice of Official Service Address of Designated Representative or Sole Holder is attached.	

This Disposition Transfer is submitted pursuant to the *Oil and Gas Act S.52*, the *Oil and Gas Disposition Regulations S.24, 49, 50 and 51*, and the *Oil and Gas Transfer Regulations S.9, 10, 11*. Personal information on this form is collected under the authority of section 29 of the *Access to Information and Protection of Privacy Act*.

H. TRANSFEROR(S)**Note: if there is more than one transferor, copy this page.**

Transferor		% Transferred
Client I.D.	Capacity	Signature

I. TRANSFEE(S)**Note: if there is more than one transferee, copy this page.**

Transferee		% Transferred	
Client I.D.	Capacity	Signature	
Address		City/Town	Territory/Province
			Postal Code
Phone	Fax	Email	

OFFICE USE ONLY

Branch File # _____ Registration #: _____

Date Received: ____/____/____ Time Received: _____
YYYY MM DD_____
Signature of Division HeadDate: ____/____/____
YYYY MM DD