

REPUBLIC OF RWANDA



MINISTRY OF NATURAL RESOURCES

B.P 3502 KIGALI

[www.minirena.gov.rw](http://www.minirena.gov.rw)

VERSION ONE/April 2015

APPLICATION FORM

MINERAL AND QUARRY LICENSE

**INSTRUCTIONS:**

- ❖ This form is designed under the Law N°13/2014 on mining and quarry operations of 20<sup>th</sup> May 2014, and the Ministerial Order on Licensing.
- ❖ The application and relevant attachments must be submitted with the prescribed fee at the Office of Mining Cadastre and Licensing Unit.
- ❖ The application is only received then processed when it is complete.
- ❖ False or misleading information and uncompleted file may lead to a rejection of application.
- ❖ If this form is to be completed by hand, please print clearly in ink and use block letters.
- ❖ Before submitting the application make sure that:
  - You have **read, understood** and **fulfilled** all the application requirements;
  - You have consulted the **accredited Services Providers**.

<b>OFFICIAL USE ONLY</b>	
Amount Paid:	
Receipt N°:	
Received on:	Date: Time:
Received by:	

**SECTION A. Reserved for Applicant**

**A.1. APPLICANT DETAILS**

Company/Cooperative Name :

Tax Identification Number :

Date of incorporation :

Telephone :

Email address :

Address: District:  Sector:  Cell

Official Representative: First Name(s):  Family Name(s):

Tel :  Email:

**A.2. MAJOR SHAREHOLDERS (with 10% of shares or more)**

#	Name	% of shares	Role/Post
1			
2			
3			
4			
5			
6			

**Note:** *If Cooperative, please attach the list of all members.*

**A.3. DETAILS ON PROPOSED ACTIVITIES**

**A.3.1.** Location of site(s):

District (s):

Sectors (s):

Cell (s) :

**A.3.2.** What is (are) the name(s) of the perimeter(s) applied for?

**A.3.3.** What is (are) the mineral (s) and quarry product (s) applied for?

**A.3.4.** What is the period (time) applied for (in years)?

**A.3.5.** If you already have another license on the same area, please mention its license number, its issue and expiry date.

**A.3.6.** Total area applied for (in hectares):

**A.4. DECLARATION**

I,  Representative of (Company/ Cooperative name)  
, having been duly sworn depose and attest that all of the information in the foregoing application file are true to the best of my knowledge.

Date:

**Signature& Stamp:**

**SECTION B. Reserved for Official Use Only**

**B.1 ACCOMPANIMENTS CHECKLIST**

<b>Documents to be submitted and checked</b>	<b>Tick if submitted</b>
Application fee payment slip	<input type="checkbox"/>
Application letter	<input type="checkbox"/>
Business Plan (Action Plan and Investment plan)	<input type="checkbox"/>
Proof of source of funding	<input type="checkbox"/>
Environmental Protection Plan produced and signed off by the accredited EIA Expert (for exploration license application only)	<input type="checkbox"/>
Environmental Impact Assessment (EIA) Report and Certificate (for Mining License Application Only)	<input type="checkbox"/>
Tax Clearance Certificate issued by Rwanda Revenue Authority (RRA)	<input type="checkbox"/>
Map (s) produced and signed off by Accredited Mining Service Providers	<input type="checkbox"/>

**B.2. APPLICATION PROCESSING**

**B.2.1. GENERAL COMPLIANCE CHECK**

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name :			
Decision of Application	Received <input type="checkbox"/>	Reason:	
Receiver	Rejected <input type="checkbox"/>		
Receiver Names :			Signature &Stamp
Forwarding Date &Time	dd/mm/yyyy - hh:mm:sec	Forwarding to:	

✂-----

**GENERAL APPLICATION COMPLIANCE**

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name :			
Decision of Application	Received <input type="checkbox"/>	Reason:	
Receiver :	Rejected <input type="checkbox"/>		
Receiver Names :			Signature &Stamp

### B.2.2. MAP OVERLAPS CHECK

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name	:		
Officer remarks	Overlapping <input type="checkbox"/>	Recommendation:	
	No-overlapping <input type="checkbox"/>		
Officer Names	:	Signature	
Forwarding Date &Time:	dd/mm/yyyy - hh:mm:sec	Forwarding to:	

### B.2.3. BUSINESS PLAN CHECK

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name	:		
Officer remarks	Acceptable <input type="checkbox"/>	Comment:	
	Non-Acceptable <input type="checkbox"/>		
Officer Names	:	Signature	
Forwarding Date &Time:	dd/mm/yyyy - hh:mm:sec	Forwarding to:	

### B.2.4. ENVIRONMENTAL PROTECTION PLAN / ENVIRONMENTAL IMPACT ASSESSMENT

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name	:		
Officer remarks	Acceptable <input type="checkbox"/>	Comment:	
	Non-Acceptable <input type="checkbox"/>		
Officer Names	:	Signature	
Forwarding Date &Time:	dd/mm/yyyy - hh:mm:sec	Forwarding to:	

**B.2.4. FINAL DECISION OF THE TECHNICAL COMMITTEE**

Reception Date &Time	dd/mm/yyyy - hh:mm:sec	Application No:	
Company name	:		
Committee remarks	Qualified <input type="checkbox"/>	Comment:	
	Not qualified <input type="checkbox"/>		
Head of Committee	:		Signature
Forwarding Date &Time:	dd/mm/yyyy - hh:mm:sec	Forwarding to:	

**Members of the Technical Committee**

#	Member Name	Institution	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			