



DISPOSITION TRANSFER

Oil and Gas Resources Branch

Department of Energy, Mines and Resources, Government of Yukon

Suite 400 – 211 Main Street, Whitehorse, Yukon Y1A 2B2

Email: oilandgas@gov.yk.ca

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 (print)

New designated representative (print)

Signature

Signature

Capacity

Capacity

☐ Notice of official service address of designated representative or sole holder is attached.

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

Transferor		% transferred
Client I.D.	Capacity	Signature

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

Transferee		% transferred		
Client I.D.	Capacity	Signature		
Address		City/town	Terr./prov.	Postal code
Phone	Fax	Email		

OFFICE USE ONLY

Branch file #: _____ Registration #: _____ Signature of division head _____
Date received: _____ Time received: _____ Date: _____