

1 Person to contact concerning this application					
Name:1	The people of Aotearoa				
Postal address:	c/o 6484a South Rd				
	RD35				
	Opunake 4685				
Email address:	climatejusticetaranaki@riseup.n	et			
Contact telephone:	DDI:	Mobile:			
This person should be the point of contact for the contac	nis Bid, this includes any clarification in relation	to your Bid.			
2 Proposed permit participants		_	_	_	
_					
Please place a tick by the proposed operat	tor		Operator	Interest	
The people of Aotearoa			Yes	100	%
2.					%
3.					%
4.					%
3 Bid participant details					
Company name (operator):	The people of Aotearoa				
Contact person: ²	Climate Justice Taranaki				
Postal address:	c/o 6484a South Rd				
RD35					
	Opunake 4685				
Email address:	climatejusticetaranaki@riseup.net				
Contact telephone:	DDI:	Mobile:			
Address for service ³					
Type of proposed permit holder:	NZ registered company	Overseas company	4		
	Other (please state):				
New Zealand Companies Office Number (if applicable): n/a					

- 2. This is the person we will address all correspondence to during the duration of the permit if granted (e.g. invoices for annual fees).
- The service address must be a physical address within New Zealand.
 Please note that overseas companies carrying on business in New Zealand are required to register with the New Zealand Companies Office under section 334 of the Companies Act 1993. For further information on registration and the obligations of overseas companies carrying out business in New Zealand please refer to www.business.govt.nz



APPLICATION FORM

Company name:	n/a			
Contact person:				
Postal address:				
Email address:				
Contact telephone:	DDI: Mobile:			
Address for service ³				
Type of proposed permit holder:	NZ registered company Overseas company ⁵			
	Other (please state):			
New Zealand Companies Office Number (if app	olicable):			
Company name:	n/a			
Contact person:				
Postal address:				
Email address:				
Contact telephone:	DDI: Mobile:			
Address for service ³				
Type of proposed permit holder:	NZ registered company Overseas company ⁴			
	Other (please state):			
New Zealand Companies Office Number (if applicable):				
Company name:	n/a			
Contact person:				
Postal address:				
Email address:				
Contact telephone:	DDI: Mobile:			
Address for service ³				
Address for service ³ Type of proposed permit holder:	NZ registered company Overseas company ⁴			
	NZ registered company Overseas company ⁴ Other (please state):			

 $^{3. \}quad \textit{The service address must be a physical address within New Zealand}.$

^{4.} Please note that overseas companies carrying on business in New Zealand are required to register with the New Zealand Companies Office under section 334 of the Companies Act 1993. For further information on registration and the obligations of overseas companies carrying out business in New Zealand please refer to www.business.govt.nz



APPLICATION FORM

4 Release area you are applying for			
Release area name:	Block Offer 2018		
Proposed operation name (if applicable):	Climate Justice		
Which section of the Act do you want to have y	our Bid assessed under?		
x 29A(PEP)			
29B (conditional PEP)			
Please attach the following information to your	r application.		
A list of the blocks that make up your Bid A	We are bidding on the entire Taranaki Onshore Release Area of 2,188 km		
A map of the Bid Area using New Zealand G			
5 Additional information to accompany	your Bid		
Please ensure that you include the following re	quired information as part of your Bid:		
Paper copy of Bid (three copies) (Part 3.4 of the IFB) A letter and signatures are attached.			
Electronic copy of Bid (one copy) (Part 3.4 of the IFB)			
Evidence that the required fee has been paid (Part 3.6(d) of the IFB)			
Proposed work programme and required supporting information (Schedules 3, 4 and 5 of the IFB)			
Required information in respect of technical capability (Schedule 6 of the IFB)			
Required information in respect of financial capability (Schedule 6 of the IFB)			
Required information in respect of compliance history (Schedule 6 of the IFB)			
Required information in respect of HS&E ca	apability (Schedule 6 of the IFB)		
6 Fee ⁵			
Direct credit n/a			
Payee name:			
Date of payment:			
From hid must include avidence that the fee of N	760227 FO (CCT including) and Bid Area has been reid by the Clarine Date. The feet worth a reid by direct		

Each bid must include evidence that the fee of NZ\$8337.50 (GST inclusive) per Bid Area has been paid by the Closing Date. The fee must be paid by direct
payment to Westpac Banking Corporation Limited, Government Branch (Block Offer Account): Account number: 03-0049-0001311-02. As reference for the
payment please use: 'B02018 – [applicant's name]'.

To note, Bidders are also expected to pay for all bank fees incurred for telegraphic transfers made from overseas. One bank fee is charged when the fee leaves the country of origin's bank and another fee is charged when it is received by a bank in New Zealand. As such, payments by telegraphic transfer should ensure that overseas bank charges are set to 'Ours' in order to have the bank fees paid at both ends.



APPLICATION FORM

7 Authorised signature(s)

Bids must be signed by every bid participant or a person authorised to sign on behalf of the bid participant.

By signing the Bid, the bid participant warrants that the information provided in the application is true and correct. Where the bid participant is a company, partnership, society, trust or other legal entity, the Bid must be signed in accordance with the relevant legislative requirements, constitution, or rules by a person or agent with the requisite authority.

Where an authorised person is making an application, a copy of the Application Authority form must be included with the Bid.

Print name: Position of signatory: Company: Date: Authorised signature(s): Print name: Position of signatory: Company: Date: Authorised signature(s): Print name: Position of signatory: Company: Date: Print name: Position of signatory: Company: Date: Authorised signature(s): Print name: Position of signatory: Company: Date: Position of signatory: Company: Date:	Authorised signature(s):	The people of Aotearoa	
Company: Date: 25/8/2019 Authorised signature(s): Print name: Position of signatory: Company: Date: Authorised signature(s): Print name: Position of signatory: Company: Company: Company: Authorised signature(s): Print name: Position of signatory: Company:	Print name:		
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Company:	Print name:		
	Position of signatory:		
Deter	Company:		
Date:	Date:		
Authorised signature(s):	Authorised signature(s):		
Print name:	Print name:		
Position of signatory:	Position of signatory:		
Company:	Company:		
Date:	Date:		

As part of your Block Offer Bid this completed form and all required information should be deposited at reception at the address below:

Ground Floor Reception 15 Stout Street Wellington 6011, New Zealand Telephone:0508 263 782Email:nzpam@mbie.govt.nzWebsite:www.nzpam.govt.nz

NZP&M 4687 04/1



