



Endereço : Andar Térreo Ala Leste do Palácio do Governo, Edifício nº 1, Avenida Marginal
Dili, Timor-Leste, PO Box 113, **Telephone:** +670 3 324 098 / 3317216 / 3317215 / 3312735

FORM –5: APPLICATION SCIENTIFIC RESEARCH AUTHORSATION

Attention to;

Director of Mineral Exploration and Exploitation
Autoridade Nacional do Petróleo e Minerais, Timor-Leste

In accordance with the requirements in the Ministerial Diploma No.....Article.....issued by the Ministry of Petroleum and Mineral Resources of Timor-Leste, the undersigned hereby applies for Authorisation for Scientific Research.

The area applied for in this Scientific Research is in public and/or private land, community land, river, creek or other public waters (underline applicable term), located in the Aldeia of _____, Suco of _____, Posto of _____, municipality of _____.

Following are supporting information for this application (ticked below boxes and attached supporting documents to this application where applicable):



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- Particulars of applicant

- Particulars of organisation (University/Research Institution)

- Particulars of research finance

- Particulars of technical competence and experience

- Particulars of other requirements

- Declaration

(Signature)

(Applicant)



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**INFORMATION TO BE PROVIDED FOR ACADEMIC RESEARCH
AUTHORISATION**

PARTICULARS OF APPLICANT	
Name of applicant:	
Type of Identification Document :	Identification Document No. :
Address :	
Telephone :	Fax :
Email :	
PARTICULARS OF ORGANISATION	
Name of University/Research Institute	
Address:	



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Telephone :	Fax :
Email :	
PARTICULARS OF FINANCIAL STANDING	
Details of financial availability for intended research (with documentary evidence)	
Insurance coverage for the proposed research (with documentary evidence)	
PARTICULARS OF TECHNICAL COMPETENCE AND EXPERIENCE	
Details of the team for the proposed research activity and their CVs	
PARTICULARS OF OTHER REQUIREMENTS	
Description of the area of research with coordinates (map)	
Program for the research activity	
- Objectives	
- Scope and program of the research activity	
- Timeline	
- deliveries	



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DECLARATION

The applicant,(insert name) hereby;

1. Declares that the information made in this application or made later in support hereof are true to the best of the applicant's knowledge. The applicant consent that any falsehood of information in this application may result in rejection to grant license.
2. Agrees that **all** data/information to be collected from the proposed activity and their associated results from subsequent analysis will be made available to the ANPM in any form or shape at no cost.

Signature of the applicant's representative:	To be completed by the ANPM
[signature] [Name] Place :.....	Fees to be paid : USD [signature] [name]



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Date...../...../.....	[Date]
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INSTRUCTION

1. This form shall be completed by the applicant and submit to the ANPM office, in both soft and hard copy.
2. All relevant information in the field required must be marked and given accordingly.
3. Application not accompanied with all the required documents may not be accepted.