

04010946

**FORM 55-102F6**

(See instructions on the back of this report)

**Notice – Collection and Use of Personal Information:** The personal information required under this form is collected on behalf of and used by the securities regulatory authorities set out below for purposes of the administration and enforcement of certain provisions of the securities legislation in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and Newfoundland. Some of the required information will be made public pursuant to the securities legislation in each of the jurisdictions indicated above. Other required information will not be disclosed to any person or company except to any of the securities regulatory authorities or their authorized representatives. If you have any questions about the collection and use of this information, you may contact the securities regulatory authority in any jurisdiction(s) in which the required information is filed, at the address(es) or telephone number(s) set out on the back of this report.

|                                                                                                                                                                      |  |                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>BOX 1. NAME OF THE REPORTING ISSUER (BLOCK LETTERS)</b><br><div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <b>MINEFINDERS CORP LTD.</b> |  | <b>BOX 2. INSIDER DATA</b>                                                                                                     |  |
| DATE OF LAST REPORT FILED<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">26/2/04</div>                                           |  | RELATIONSHIP(S) TO REPORTING ISSUER<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">5</div> |  |
| OR<br>DATE ON WHICH YOU BECAME AN INSIDER<br><div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>                         |  | CHANGE IN RELATIONSHIP FROM LAST REPORT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |  |

  

|                                                                                                                                     |  |                                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)</b>                                                     |  |                                                                                                                                    |  |
| FAMILY NAME OR CORPORATE NAME<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">PAGE</div>         |  |                                                                                                                                    |  |
| GIVEN NAMES<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">TENCH COXE</div>                     |  |                                                                                                                                    |  |
| NO. STREET<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">5425 CHATELAINE CIRCLE</div>          |  |                                                                                                                                    |  |
| CITY<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">RENO</div>                                  |  |                                                                                                                                    |  |
| POSTAL CODE<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">NEVADA 89511</div>                   |  |                                                                                                                                    |  |
| BUSINESS TELEPHONE NUMBER<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">775 - 851 - 2202</div> |  | CHANGE IN NAME ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| BUSINESS FAX NUMBER<br><div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">775 - 851 - 2034</div>       |  |                                                                                                                                    |  |

  

|                                                                                        |                                             |
|----------------------------------------------------------------------------------------|---------------------------------------------|
| <b>BOX 4. JURISDICTION(S) WHERE THE ISSUER IS A REPORTING ISSUER OR THE EQUIVALENT</b> |                                             |
| <input checked="" type="checkbox"/> ALBERTA                                            | <input checked="" type="checkbox"/> ONTARIO |
| <input checked="" type="checkbox"/> BRITISH COLUMBIA                                   | <input checked="" type="checkbox"/> QUÉBEC  |
| <input type="checkbox"/> MANITOBA                                                      | <input type="checkbox"/> SASKATCHEWAN       |
| <input type="checkbox"/> NEWFOUNDLAND                                                  | <input type="checkbox"/> NOVA SCOTIA        |

[illegible]

**BOX 6. REMARKS**

**THOMSON  
FINANCIAL**

| ATTACHMENT | YES | NO |
|------------|-----|----|
| ✓          |     |    |

This form is used as a uniform report for the insider reporting requirements under all provincial securities Acts. The terminology used is generic to accommodate the various Acts.

|                                     |                |  |        |
|-------------------------------------|----------------|--|--------|
| <input checked="" type="checkbox"/> | ENGLISH        |  | FRENCH |
|                                     | CORRESPONDENCE |  |        |

**KEEP A COPY FOR YOUR FILE**

BCSC 55-102F0 Rev. 2001 / 6 / 25

**BOX 7. SIGNATURE**

NAME (BLOCK LETTERS)

**SIGNATURE**

TENCI:COXE PAGE

DATE OF THE REPORT: 11/11/2011

DAY / MONTH / YEAR

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