

Jaurdi Gold Project | Haul Road Access Form

STATUS					
REASON FOR HAUL ROAD	ACCESS:				
DATE OF TRAVEL:		DATE OF RETURN: (If you will not be returning through the haul road, tick the box)			
DRIVERS DETAILS					
FIRST NAME:		SURNAME:			
DATE OF BIRTH:	GENDER: M ☐ F	☐ DRIVERS LICENSE	NUMBER:		
ADDRESS:					
SUBURB:		STATE: POST CODE:			
EMAIL ADDRESS:					
MOBILE NO:		HOME PHONE NO:			
EMERGENCY CONTACT D	ETAILS				
NAME:		RELATIONSHIP:			
CONTACT PHONE NO.:		SECONDARY CONTACT NO).:		
VEHICLE DETAILS					
Vehicle Rego:		Type of Vehicle:			
Colour:					
PASSENGERS DETAILS					
Name:	Mobile:	Name:	Mobile:		
Name:	Mobile:	Name:	Mobile:		
TRAFFIC MANAGEMENT		Vehicle			
Whilst travelling on Beacon Minerals haul roads, you must obey all speed signs where posted. • 90kms • 100kms					
IN CASE OF AN EMERGENC	CY	GENERAL INFORMATION	N		
In case of an emergency		If you require any further information, please contact the main office on the following:			
CALL: 000 Assistance maybe available, contact the following, Call (08) 9093 2477 UHF Channel #30		 Call (08) 9093 2477 Email: enquires@beaconminerals.com.au 144 Vivian Street Boulder WA 6432 			

PLEASE ENSURE YOU SIGN THE BACK OF THIS REQUEST FORM

Prepa	ared by:	Len Morrow	Date: 07.08.2024		Document Number:	BCN-ADM-FRM-
Appro	oved by:		Date:		Review Date:	
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DRIVER DECLARATION

BY SIGNING THIS FORM, YOU AGREE TO THE FOLLOWING,

- I agree to follow all traffic management & instructions that have been put in place by Beacon Minerals.
- As the driver of the above-listed vehicle, I take full responsibility for the vehicle, equipment, myself & passengers onboard. I /we will not hold Beacon Minerals responsible for damage to equipment or injuries sustained while operating a vehicle on the Beacon Minerals haul road.
- I confirm my agreement and consent to the matters in this form was provided on a voluntary basis and I provide my signature as confirmation of this.

DRIVER'S SIGNATURE:	_ DATE:
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*** Please send completed form to gatehouse@beaconminerals.com.au ***



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