

SCHEDULE E - FORM 9

THE MINES AND MINERALS ACT

ACCIDENT REPORT

To: Director of Mines, Dept. of Mineral Resources,
5th Floor, Youyi Building, Brookfields, Freetown.

From: Name (please print)

Occupation

In accordance with section 119 of The Mines and Minerals Act, 1994, I wish to report that an accident has occurred at

Place where accident occurred

Date of accident

Character of accident:

(please attach full description of the situation under which the accident took place).

Number and ages of persons killed

.....

Number of persons seriously injured

.....

Type of mineral right on which accident occurred

Registration No. of mineral right

Signature

Date Accident Report submitted