

Indemnity Form

Southern Ports – Port of Bunbury		
(Company / Community Group Name)		
Purpose of visit:		
Contact Phone Number:		
Date of Visit:		
Contact Name:		
	eep indemnified the Southern Port Il claims arising out of the occupat	s – Port of Bunbury, its servants, officers or ion or use of the Port area.
This indemnity excludes ac officers, employees or age		Southern Ports – Port of Bunbury, its
Signature		Date
Name in Block Letters		
Witness Signature		Date
Name in Block Letters		

PLEASE COMPLETE FORM AND RETURN VIA EMAIL

enquiries.bunbury@southernports.com.au

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