

Auditor Credentials Form

FEB 13, 2012 (GER)
FEB 21-24, 2012 (TR)

Facility Audited: CYPLUS GMBH, WESSELING, GERMANY Date: _____
INCL. PORT OF 12 HR. AND TRANSPORT TO TOPRAK MINE IN TURKEY

Lead Auditor Credentials

Lead Auditor: STEINWEG BENNO Auditor Certification Number: _____
 Certifying Organization: Name: DQS GmbH Telephone Number: 0049 69 95 4270
 Address: 60433 FRANKFURT, GERMANY Web Site Address: WWW.dqs.de
 Minimum experience: 3 audits in past 7 years as Lead Auditor

APPROX. 10
AUDITS/YR.

Year	Type of Facility, Type of Audit Led	Country & State/Province
2011	ADOTECH CHEMISTRY, ISO 9001+14001	GERMANY, BERLIN & OTHERS
2011	ENERGY OLEOCHEMICALS, IPEC GUIDE	- II - DÜSSELDORF
2011	BASF SE, ISO/TS 16949+14001	- II - LUDWIGSHAFEN
2011	LABORCHEMIE APOLAA, ISO 9001+14001	- II - THURINGIA
2010	HEXION SPEC. CHEMICALS, ISO 9001+14001	- II - DIV. SITES
...		
2006	BRÜGGEMANN SPEC. CHEMICALS, ISO 9001+14001	- II - HEILBRONN

Cyanide-related Operations Experience

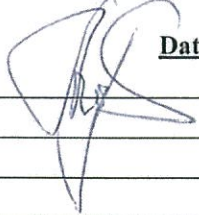
Each auditor must have at least 3 years; at least one auditor must have at least 7 years experience



Auditor	Yrs.	Relevant Position Titles	Types of Operations
Dr. Steinweg	1999-YTD	TECH. COMPLIANCE MANAGER	PRODUCTION OF HAZ. MATERIAL + INGREDIENTS
Dr. Steinweg	1995-YTD	CONSULTANT QUALITY & HSE MGT. SYSTEMS	TUV RHEINLAND
Dr. Steinweg	2001-YTD	AUDITOR ISO 9001, ISO 14001, ISO/TS 16949	DQS
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Statement of No Conflict

I certify that I have not audited any component of this facility for which I was responsible for design or development; nor have I within the past year been an employee of the facility, its parent company, or associated affiliates. Excluding audits, I have not derived more than 30% of my income within the past 5 years from the facility, its parent, or associated affiliates. I have not participated in more than two consecutive Cyanide Code audits of this facility. I have participated in at least 3 health, safety, and/or environmental audits in the past 7 years and am familiar with standard audit procedures as well as with the protocols developed by the International Cyanide Management Institute for implementation of the Code.

Signed,	Name	Signature	Date
Lead Auditor*	<u>Dr. Steinweg</u>		<u>20.04.2012</u>
Auditor 1	_____	_____	_____
Auditor 2	_____	_____	_____
Auditor 3	_____	_____	_____
Auditor 4	_____	_____	_____

Use additional pages if necessary

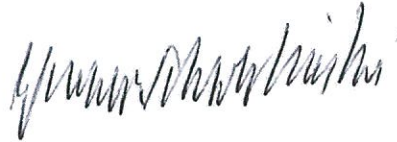
*The lead auditor's signature must be certified by notarization or equivalent.

Urkundenrolle Nr. 55/2012

Vorstehende, vor mir vollzogene Namensunterschrift des Herrn Dr. Benno Steinweg, geb. am 6. August 1964, wohnhaft Hans-Böckler-Straße 4, 65239 Hochheim am Main, ausgewiesen durch gültigen Bundespersonalausweis, beglaubige ich hiermit.

Die Frage nach der Vorbefassung gemäß § 3 Abs. 1 Nr. 7 BeurkG wurde -nach entsprechender Erläuterung durch den Notar- verneint.

Hochheim am Main, den 20. April 2012



Notar

