

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

AUDITOR CREDENTIALS FORM

FOR THE INTERNATIONAL CYANIDE MANAGEMENT CODE

DECEMBER 2022

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

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AUDITOR CREDENTIALS FORM

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FACILITY AUDITED

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Minera Yanaquihua SAC.

Date(s) of Audit:

18 ~22/04/22 (on-site), 26 ~28/06/22 (on-site) and

05 ~07/09/22 (off-site).

LEAD AUDITOR

Name of Lead Auditor:

Celso Sandt Pessoa

Auditor Accreditation/

Certification Number:

A09245

ORGANIZATION ACCREDITING LEAD AUDITOR

Accrediting Organization:

IRCA/UK

Telephone Number:

+44 207 245 8600

Address:

10 Furnival Street, 2nd floor, London, EC4A 1AB, England.

(Street, City, State/Province, Postal Code, Country)

Website Address:

htpps://www.quality.org



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AUDITS CONDUCTED AS LEAD AUDITOR

(Please list the three most recent audits conducted in the past seven years as a Lead Auditor.)

| YEAR | TYPE OF FACILITY / TYPE OF AUDIT | COUNTRY & STATE/PROVINCE |
|------|---|----------------------------|
| 2023 | Altynalmas Pustynoye Mining (ICMI certification audit) | Kazakhstan, Balkash. |
| 2023 | ProMS Transporter LLC (ICMI certification audit) | Kazakhstan, Stepnogorsky. |
| 2023 | S&P International Logistics Ltd. (ICMI certification audit) | Burkina Faso, Ouagadougou. |

TECHNICAL EXPERT AUDITOR EXPERIENCE

(Please see instructions.)

| AUDITOR | YEARS | RELEVANT POSITION TITLES or ROLE | TYPES OF OPERATIONS | | |
|-----------------------|-------|--|--|--|--|
| Celso Sandt Pessoa | 25+ | ICMI qualified lead auditor and Technical Expert Auditor (mining, production, transport), since 2006. BSc in Mechanical Engineering. MSc in Materials Science and Engineering. MBA in Environmental Management. Global Health & Safety Manager for Mining Operations (Vale do Rio Doce Mining/ Brasil). SHE Director of Mining Operation (Lundin Mining/ Portugal). | Mining projects and operations. Chemical products plants operations. Chemical Products transportation. | | |
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AUDITOR CREDENTIALS FORM

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, assessments or reviews, I have not derived more than 30% of my income within the past five years from the facility, its parent, or associated affiliates. I have not participated in more than two consecutive Cyanide Code Certification Audits of this facility. I have participated in at least three health, safety, and/or environmental audits, assessments or reviews in the past seven 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.

*Pre-operational Code Certification Audits count as Code Certification Audits for the purpose of the prohibition against individual auditors conducting more than two consecutive Cyanide Code certification audits of the same operation. Pre-operational audits are also counted as Code Certification Audits for the purpose of the prohibition of an audit company conducting a Code Certification Audit of an operation more than three times consecutively.

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| SIGNATURES | | | | | | 200 | _8 | |
|---|----------------------------|------------|-----------|-----------------------------|---|------------|---------------|------------------|
| SIGNATURES | | 1 | | | | | 010140 | opt |
| Lead Auditor*: | Celso Sandt Pessoa | m | mi | MAT | 1 mos 11 | /12/20 | | |
| | Name (Print/Type) | | Sign | nature* | | Date | | |
| Auditor 1: | 0 | | | | | | | |
| , | Name (Print/Type) | | Sig | nature | | Date | | |
| Auditor 2: | | | | | | | | |
| | Name (Print/Type) | | Sig | nature | | Date | | |
| Auditor 3: | | | | | | | | |
| | Name (Print/Type) | | Sig | nature | | Date | | |
| *The lead auditor's signatu | ure must be certified by n | otarizatio | n or equ | uivalent. | | | | |
| | | | | | | | | |
| NOTARIZATION | | | | | | | | |
| Subscribed and sworn (or affirmed) before me this | | | 11 | day, | December | , of | 2023 | |
| | | | (Day) | _ | (Month) | | (Year) | |
| Ву | | 149 | CARTÓ | | FÍCIO DE NOTAS - AV. N. SR CEP 22060-001 - TEL. (21) 2 A: DRA. CONCELINA HENR | 548-3646 | | . 089633AF904182 |
| Name of Signer (Print/Type) | | | | por sem | elhança a(s) firma(s) | de CEL | SO SANDT | 10000 E |
| | | 1 | 1/12/2023 | -16:21:25 | Cód.: 00728029-04. tos - Escrevente. | Link | e Janeiro-RJ, | |
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