



# INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

## AUDITOR CREDENTIALS FORM FOR THE INTERNATIONAL CYANIDE MANAGEMENT CODE

DECEMBER 2022

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE  
1400 I Street, NW, Suite 550, Washington, DC 20005, USA  
Tel +1.202.495.4020 | Fax +1.202.835.0155 | Email [info@cyanidecode.org](mailto:info@cyanidecode.org) | Web [CYANIDECODE.ORG](http://CYANIDECODE.ORG)

# AUDITOR CREDENTIALS FORM

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### FACILITY AUDITED

Name of Facility: Minas Argentinas S.A/ Gualcamayo Mining  
Date(s) of Audit: 24~26/06/25 (on-site) and 29~30/09/25 (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, 2<sup>nd</sup> floor, London, EC4A 1AB, England.  
(Street, City, State/Province, Postal Code, Country)  
Website Address: <https://www.quality.org>



# AUDITOR CREDENTIALS FORM

## 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.
Carlos Alberto Neves	25+	ICMI qualified Technical Expert Auditor (mining operations), since 2024. BSc in Mining Engineering. Gold mining process Engineer and Manager.	Gold mining operations.

*Celso Sandt Pessoa*




# 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.

## SIGNATURES

Lead Auditor*:	Celso Sandt Pessoa		16/05/2025
	Name (Print/Type)	Signature*	Date
Auditor 1:			
	Name (Print/Type)	Signature	Date
Auditor 2:			
	Name (Print/Type)	Signature	Date
Auditor 3:			
	Name (Print/Type)	Signature	Date

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

## NOTARIZATION

Subscribed and sworn (or affirmed) before me this

By \_\_\_\_\_  
Name of Signer (Print/Type)



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## SIGNATURES

Lead Auditor\*:

Celso Sandt Pessoa

*Celso Sandt Pessoa*

16/05/2025

Name (Print/Type)

Signature\*

Date

Auditor 1:

CARLOS ALBERTO NEVO

*Carlos Alberto Nevo*

16/05/2025

Name (Print/Type)

Signature

Date

Auditor 2:

Name (Print/Type)

Signature

Date

Auditor 3:

Name (Print/Type)

Signature

Date

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

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