



INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

AUDITOR CREDENTIALS FORM

FOR THE INTERNATIONAL CYANIDE MANAGEMENT CODE

JUNE 2021

Table of Contents

AUD	DITOR CREDENTIALS FORM	1
F	ACILITY AUDITED	1
LE	EAD AUDITOR	1
	RGANIZATION ACCREDITING LEAD AUDITOR	
Α	UDITS CONDUCTED AS LEAD AUDITOR	2
T	ECHNICAL EXPERT AUDITOR EXPERIENCE	2
S	TATEMENT OF NO CONFLICT	3
SI	GNATURES	3
Ν	OTARIZATION	3
INST	TRUCTIONS	.4
1.	Facility Audited	4
2.	Lead Auditor	4
3.	Statement of No Conflict	4
4.	Certifying Organization	4
5.	Minimum Experience	4
6.	. Cyanide-Related Experience	4
7.	. Signatures	4
8.	. Notarization	5
9.	Filing Methods	5





The International Cyanide Management Code (hereinafter "the Code", "Code" or "the Cyanide Code"), this document, and other documents or information sources referenced at www.cyanidecode.org are believed to be reliable and were prepared in good faith from information reasonably available to the drafters. However, no guarantee is made as to the accuracy or completeness of any of these other documents or information sources. No guarantee is made in connection with the application of the Code, the additional documents available or the referenced materials to prevent hazards, accidents, incidents, or injury to employees and/or members of the public at any specific site where gold or silver is extracted from ore by the cyanidation process. Compliance with this Code is not intended to and does not replace, contravene or otherwise alter the requirements of any specific national, state or local governmental statutes, laws, regulations, ordinances, or other requirements regarding the matters included herein. Compliance with this Code is entirely voluntary and is neither intended nor does it create, establish, or recognize any legally enforceable obligations or rights on the part of its signatories, supporters or any other parties.

ii



JUNE 2021

AUDITOR CREDENTIALS FORM

Dan W	-	I seems of	A	P 1"	de las las
$-\Lambda$		1 I V	Λ	1 3 1	1 1-1)
	CIL		AU		

Name of Facility:

GOLD FIELDS SALARES NORTE PREOPERATIONAL

Date(s) of Audit:

19th to 22nd October 2021

LEAD AUDITOR

Name of Lead Auditor:

ALISTAIR CADDEN

Auditor Accreditation/

Certification Number:

12619

ORGANIZATION ACCREDITING LEAD AUDITOR

Accrediting Organization:

Institute of Environmental Management and Assessment (IEMA)

Telephone Number:

+44 1522 54009

Address:

St Nicholas House, 70 Newport, Lincoln, LN1 3DP, UK

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

Website Address:

www.iema.net



Page 1 JUNE 2021



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
2017	ELEONORE GOLD MINE ICMI CERTIFICATION	CANADA, QUEBEC
2018	PEÑASQUITO H&S AUDIT	MEXICO, ZACATECAS
2020	CERRO NEGRO ICMI GAP ANALYSIS	ARGENTINA, SANTA CRUZ

TECHNICAL EXPERT AUDITOR EXPERIENCE

(Please see instructions.)

AUDITOR	YEARS	RELEVANT POSITION TITLES or ROLE	TYPES OF OPERATIONS
RUBEN PEDRAZA	8	Gold Mining Operations Technical Specialist	Gold Mining
			3



Page 2 JUNE 2021

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 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.

SIGNATURES		1		11.				
Lead Auditor*:	Alistair Cadd	en M	Han Ca	llh	13/07	7/2022		
	Name (Print/	Type)	Signature*		Date			
Auditor 1:	Rubén Pedra	aza	()		13/0	7/2022		
	Name (Print/	(ype)	Signature		Date			
Auditor 2:								
	Name (Print/	îype)	Signature		Date			
Auditor 3:								
	Name (Print/	ype)	Signature		Date			
*The lead auditor's signatu	*The lead auditor's signature must be certified by notarization or equivalent.							
NOTARIZATION				\				
Subscribed and sworn (o	r affirmed) before r	ne this	(Day) day,	(Month)	, of _	(Year)		
Ву								
Name of Si			cha, autorizo única					
JAMES RICHARD CADDEN, C.I. N° 24 160.952-9 ext Santiago, 14 de Julio de 2022 bl								
		Santiago, 14		Notary Public Sil		<i></i>		



Page 3 JUNE 2021