



# **INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE**

## **AUDITOR CREDENTIALS FORM FOR THE INTERNATIONAL CYANIDE MANAGEMENT CODE**

**JUNE 2021**

**INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE**  
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# AUDITOR CREDENTIALS FORM

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### FACILITY AUDITED

Name of Facility: Sasol Cyanide Facilities #1 & #2

Date(s) of Audit: 04 to 08 October 2021

### LEAD AUDITOR

Name of Lead Auditor: Richard Durrant

Auditor Accreditation/  
Certification Number: CAIA SQAS20180005

### ORGANIZATION ACCREDITING LEAD AUDITOR

Accrediting Organization: Chemical and Allied Industries Association

Telephone Number: +27 11 327 6547

Address: PO Box 521310, Saxonwold, Johannesburg, Gauteng, 2132, South Africa

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

Website Address: <https://www.caia.co.za>



# 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
2021	Solid cyanide warehouses and repackaging plants – Re-certification audit	Ghana, Tema
2021	Chemical storage SQAS-AFRICA safety audit	South Africa, Kwa Zulu Natal
2021	Road transportation SQAS-AFRICA safety audit	Namibia, Walvis Bay

## TECHNICAL EXPERT AUDITOR EXPERIENCE

(Please see instructions.)

AUDITOR	YEARS	RELEVANT POSITION TITLES or ROLE	TYPES OF OPERATIONS
		Not applicable – Sole Audit	




# 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 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

Lead Auditor\*: Richard Durrant  27/12/2021  
Name (Print/Type) Signature\* Date

Auditor 1: (Not applicable)  
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

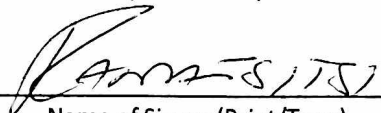
I wish to state:

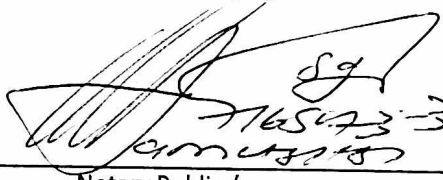
I know and understand the contents of the above Statement – Yes

I have no objection to taking the prescribed oath – No

I consider the prescribed oath to be binding on my conscience - Yes

Subscribed and sworn (or affirmed) before me this 27 day, Dec, of 2021  
(Day) (Month) (Year)

By   
Name of Signer (Print/Type)

  
Notary Public /  
Commissioner of Oaths  
Signature

