

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE

AUDITOR CREDENTIALS FORM

FOR THE INTERNATIONAL CYANIDE MANAGEMENT CODE

DECEMBER 2022

AUDITOR CREDENTIALS FORM

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Name of Facility: Transporte Vesprini S.A.

Date(s) of Audit: 09~11/08/2022 (on-site) and 12~13/09/2022 (off-site)

FEAD AUDITOR at have organized and/or directed at least three emitorine real hearth or

Name of Lead Auditor: Celso Sandt Pessoa

Auditor Accreditation/

Certification Number:

A09245

ORGANIZATION ACCREDITING LEAD AUDITOR

By signing the Auditor's Credential Form.

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
2022	Consórcio CITSSA Ltd. (ICMI recertification audit).	Perú, Lima, Lima.
2021	Anglo Gold Ashanti/ Queiróz facility (ICMI recertification audit).	Brasil, MG, Nova Lima.
2021	Anglo Gold Ashanti/ CdS 1 facility (ICMI recertification audit).	Brasil, MG, Sta. Bárbara.
2021	Kinross Brasil/ Paracatú facility (ICMI ROSE SECONDE recertification audit).	Brasil, MG, Paracatú.
2021	Jaguar Mining/Turmalina facility (ICMI baseline audit)	Brasil, MG, Conceição do Pará.

TECHNICAL EXPERT AUDITOR EXPERIENCE

(Please see instructions.)

AUDITOR	YEARS	RELEVANT POSITION TITLES OF ROLE	TYPES OF OPERATIONS
Celso Sandt Pessoa	e of the sections of the secti	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. Corporate 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.
	e of the ted for v	ning, evanide production, storage or repacka thich the Lead Auditor is submitting the Audit flich the audit was conducted.	
	de's Am Astitute	ns apply to the Auditor Credentials Form to proceeding to the document for guidance regarding ["ICMF" or "the institute"] criteria that an auditor" or a "Technical Expert Auditor".	the intrinational ry ii



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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, 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	/	1 2/2 15/2	10 h.
Lead Auditor*:	Celso Sandt Pessoa	mui and in	30/03/2023
	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 signatu	re must be certified by notar	ization or equivalent.	
NOTARIZATION			
Subscribed and sworn (or	affirmed) before me this	day,(Nay)	, of(Year)
Ву		_	
Name of Sig	gner (Print/Type)		



