

LPPM Questionnaire – Recyclable Material: March 2021

| 1. COMPANY DETAILS | |
|---|--|
| a. Name | |
| b. Registered Address | |
| c. Business Address | |
| d. Phone Number | |
| e. Date of Incorporation | |
| f. Country of Incorporation | |
| g. Business Registration Number | |
| h. Tax Identification/Registration number | |
| i. If listed, indicate name of stock exchange(s) and ticker | |
| j. Website | |
| k. External Financial Auditors | |
| l. How many direct and indirect subsidiaries does the company have? <i>Please provide a Group chart</i> | |

| 2. BUSINESS ACTIVITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|--------------|--------------------------|---------------|--|--|--|------------------------------|--------------------------|--------------|--------------------------|------------|--------------------------|------|--------------------------|------------|--------------------------|-------------------------|--------------------------|--|--|-------|--|
| a. Type of Business | <table> <tr> <td>Bank</td> <td><input type="checkbox"/></td> <td>Jeweller</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Precious Metals</td> <td><input type="checkbox"/></td> <td>Scrap dealer</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Trader/Dealer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Financial Intermediary</td> <td><input type="checkbox"/></td> <td>Coins dealer</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Industrial</td> <td><input type="checkbox"/></td> <td>Mint</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wholesaler</td> <td><input type="checkbox"/></td> <td>Others, please specify:</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>_____</td> <td></td> </tr> </table> | Bank | <input type="checkbox"/> | Jeweller | <input type="checkbox"/> | Precious Metals | <input type="checkbox"/> | Scrap dealer | <input type="checkbox"/> | Trader/Dealer | | | | Other Financial Intermediary | <input type="checkbox"/> | Coins dealer | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | Mint | <input type="checkbox"/> | Wholesaler | <input type="checkbox"/> | Others, please specify: | <input type="checkbox"/> | | | _____ | |
| Bank | <input type="checkbox"/> | Jeweller | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Precious Metals | <input type="checkbox"/> | Scrap dealer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trader/Dealer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Financial Intermediary | <input type="checkbox"/> | Coins dealer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industrial | <input type="checkbox"/> | Mint | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wholesaler | <input type="checkbox"/> | Others, please specify: | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Description of core business activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Does the company hold a license to conduct its business(es)? <i>Please provide a copy(ies)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Main Market | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Main Products | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 3. BENEFICIAL OWNERS | | | | |
|---|------|---------|---|---|
| SHAREHOLDER(S) (MORE THAN 25%) | | | | |
| Percentage Holding (%) | Name | Address | Country of Incorporation/ Nationality(ies) | Date of Incorporation/ Date of Birth |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ULTIMATE BENEFICIAL OWNER (MORE THAN 25% - INDIVIDUAL ONLY) | | | | |
| Percentage Holding (%) | Name | Address | Nationality(ies) | Date of birth |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 4. MANAGEMENT STRUCTURE | | | | |
|------------------------------|-------|-------|------------------|---------------|
| | Names | Title | Nationality(ies) | Date of Birth |
| a. Board of Directors | | | | |
| b. Management | | | | |

| 5. FINANCIAL INFORMATION | | | |
|-------------------------------|----------|-----------------------|---------------|
| | Currency | Last Reporting Period | Previous Year |
| a. Share Capital | | | |
| b. Total Shareholder's Equity | | | |
| c. Total Balance Sheet | | | |
| d. Sales | | | |
| e. Net Income | | | |

Please provide copy of latest annual report

| 6. HUMAN RESOURCES | |
|---|--|
| a. Number of Employees within the Company | |
| b. Number of Employees within the Group | |

| 7. ORIGIN OF PHYSICAL PRECIOUS METALS | |
|---|---|
| a. Profile of your precious metals' suppliers (Individual / Company) | |
| b. Country(ies) of origin of precious metals delivered to us? | |
| c. Countries of destination of precious metals delivered once refined? | |
| d. Is the Company legally required to have a license to import precious metals? | <input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e. Is the Company legally required to have a license to export precious metals? | <input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No <input type="checkbox"/> N/A |

| 8. FACILITIES | YES | NO | N/A |
|--|-----|----|-----|
| a. Does the Company have any smelting or refining facilities? | | | |
| b. Does the Company have any manufacturing facilities? | | | |
| c. Does the Company produce its own jewellery? | | | |
| <p>d. What are the types, forms and percentage of precious metals sourced by the Company</p> <p><input type="checkbox"/> Recycled precious metals (%_____)</p> <p><input type="checkbox"/> LPPM GD Bullion <input type="checkbox"/> Non LPPM Good Delivery Bullion (Pt/Pd =>9995)</p> <p><input type="checkbox"/> Rudimentary Bars <input type="checkbox"/> Jewellery <input type="checkbox"/> Sponge</p> <p><input type="checkbox"/> Coins <input type="checkbox"/> Collected waste <input type="checkbox"/> Others, please specify _____</p> <p><input type="checkbox"/> Primary material – mined precious metals (%_____)</p> | | | |
| <p>e. What type of precious metals is the Company planning to send for refining?</p> <p><input type="checkbox"/> Pt <input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Pd</p> | | | |
| <p>f. What is the form of precious metals planned to be sent for refining?</p> <p><input type="checkbox"/> Unprocessed recycled precious metals</p> <p><input type="checkbox"/> LPPM GD Bullion <input type="checkbox"/> Non LPPM Good Delivery Bullion (Pt/Pd =>9995)</p> <p><input type="checkbox"/> Pt/Pd>999) Coins <input type="checkbox"/> Jewellery <input type="checkbox"/> Sponge</p> <p><input type="checkbox"/> Own production waste <input type="checkbox"/> Collected waste <input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Melted recycled precious metals</p> <p><input type="checkbox"/> Rudimentary Bars (undefined dimension and fineness) <input type="checkbox"/> Others, please specify: _____</p> | | | |

| 9. RESPONSIBLE PRECIOUS METAL SUPPLY CHAIN POLICY | |
|--|---|
| <p>a. Did your institution establish a responsible supply chain of precious metal from conflict-affected and high risk areas policy which is consistent with the standards set forth in the model supply chain policy in Annex II of the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas?_ http://www.oecd.org/daf/inv/mne/GuidanceEdition2.pdf</p> | <p><input type="checkbox"/> Yes – Please provide a copy</p> <p><input type="checkbox"/> No</p> |
| <p>b. Does your institution comply or plan to comply with the OECD Due Diligence Guidance for Responsible Supply Chains of Minerals from Conflict-Affected and High-Risk Areas?</p> | <p><input type="checkbox"/> Currently complies</p> <p><input type="checkbox"/> Plans to comply</p> <p><input type="checkbox"/> No</p> |
| <p>c. Is the company complying with any of the following industry initiatives:</p> <p><input type="checkbox"/> LPPM Responsible Pt/Pd Guidance</p> <p><input type="checkbox"/> LBMA Responsible Gold Guidance</p> <p><input type="checkbox"/> LBMA Responsible Silver Guidance</p> <p><input type="checkbox"/> RJC Chain of Custody Standard</p> <p><input type="checkbox"/> WGC Conflict Free Gold Standard</p> <p><input type="checkbox"/> Conflict Free Smelter (CFS) Program</p> <p>Others, please specify: _____</p> | <p>Additional comments:</p> |
| <p>d. What are the procedures in place to ensure that the precious metals purchased have not financed conflict?</p> | |

| 10. ANTI MONEY LANDERING (AML) – COMBATING FINANCIAL TERRORISM (CFT) | |
|---|--|
| <p>a. Is your institution subject to Anti-Money Laundering/Combating financial terrorism Law/Regulation</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>b. Name of the AML-CFT Law/Regulation</p> | |
| <p>c. Name of the Regulator</p> | |
| <p>d. Has your institution established a conformity program that contains AML/CFT policies and procedures, according to internal & international laws, rules, and standards?</p> | <p><input type="checkbox"/> Yes – Please provide a copy</p> <p><input type="checkbox"/> No</p> |

| 11. BRIBERY POLICY | |
|--|--|
| a. Does your Company have any bribery policy in place? | <input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No |
| b. Has the company, or the Senior Management ever been charged anywhere in the world for violation of applicable anti-bribery laws or regulations? | <input type="checkbox"/> Yes – Please provide details <input type="checkbox"/> No |

| 12. Data Privacy Protection | |
|---|---|
| a. Does your company have Data Protection Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does your company have Data Protection Commissioner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does your company have a certified data storage system or an information system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does your company have an anonymous whistleblowing communication pathway through which employees may express concerns about the origins of sourced material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 13. PRECIOUS METALS SUPPLIERS DUE DILIGENCE QUESTIONNAIRE | YES | NO | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|---|---|--------------------------|--|-------------|-----|----|--------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|---------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Organisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Does the Company have a person responsible (Compliance Officer) for all AML-CFT matters (Due Diligence, AML policies, internal training)? If yes, please provide us with his/her name, phone number and e-mail address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Is the Company subject to an AML-CFT audit by an independent party or a governmental party? Date of your last AML-CFT compliance audit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Does the Company have an AML-CFT training program for its employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Does the Company delegate to third parties some of the compliance functions to be carried out? If yes, what functions and to which company do you delegate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. How long does the Company keep its due diligence files (records)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. What is the typical profile of your precious metals' suppliers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Corporate (%_)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Individual persons (%_)</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> Corporate (%_) | | <input type="checkbox"/> Individual persons (%_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Corporate (%_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Individual persons (%_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. What type of information does the Company request from its precious metals' suppliers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 35%;">Companies</th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 35%;">Individuals</th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> </tr> </thead> <tbody> <tr> <td>Company name</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Name and first name</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Address</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Address</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Date of Incorporation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Date of birth</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Country of Incorporation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nationality</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Business register extract or equivalent document</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Copy of ID card or passport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Beneficial Owners</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Beneficial Owners</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Origin of Precious Metals</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Origin of Precious Metals</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Description of main activity and financial information</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Supplier profile (activity, wealth, etc.)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Companies | YES | NO | Individuals | YES | NO | Company name | <input type="checkbox"/> | <input type="checkbox"/> | Name and first name | <input type="checkbox"/> | <input type="checkbox"/> | Address | <input type="checkbox"/> | <input type="checkbox"/> | Address | <input type="checkbox"/> | <input type="checkbox"/> | Date of Incorporation | <input type="checkbox"/> | <input type="checkbox"/> | Date of birth | <input type="checkbox"/> | <input type="checkbox"/> | Country of Incorporation | <input type="checkbox"/> | <input type="checkbox"/> | Nationality | <input type="checkbox"/> | <input type="checkbox"/> | Business register extract or equivalent document | <input type="checkbox"/> | <input type="checkbox"/> | Copy of ID card or passport | <input type="checkbox"/> | <input type="checkbox"/> | Beneficial Owners | <input type="checkbox"/> | <input type="checkbox"/> | Beneficial Owners | <input type="checkbox"/> | <input type="checkbox"/> | Origin of Precious Metals | <input type="checkbox"/> | <input type="checkbox"/> | Origin of Precious Metals | <input type="checkbox"/> | <input type="checkbox"/> | Description of main activity and financial information | <input type="checkbox"/> | <input type="checkbox"/> | Supplier profile (activity, wealth, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Companies | YES | NO | Individuals | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name | <input type="checkbox"/> | <input type="checkbox"/> | Name and first name | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | <input type="checkbox"/> | <input type="checkbox"/> | Address | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Incorporation | <input type="checkbox"/> | <input type="checkbox"/> | Date of birth | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Incorporation | <input type="checkbox"/> | <input type="checkbox"/> | Nationality | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business register extract or equivalent document | <input type="checkbox"/> | <input type="checkbox"/> | Copy of ID card or passport | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficial Owners | <input type="checkbox"/> | <input type="checkbox"/> | Beneficial Owners | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Origin of Precious Metals | <input type="checkbox"/> | <input type="checkbox"/> | Origin of Precious Metals | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of main activity and financial information | <input type="checkbox"/> | <input type="checkbox"/> | Supplier profile (activity, wealth, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Does the Company have a risk-based assessment of its precious metals' suppliers (e.g., low, medium, or high risks)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Does the Company screen precious metals suppliers and transactions against lists of persons, entities or countries issued by government/competent authorities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Does the Company perform enhanced due diligence for high risk precious metals suppliers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Does the Company assess its corporate precious metals suppliers' AML-CFT and purchase procedures and practices? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <i>Transactions monitoring</i> | YES | NO | N/A | | | | | | | | | | | | |
|--|-------------------------|--------------------------------|-----|---------------|-------------------------|--------------------------------|------|--------|--|-----------|--|--|------------|--|--|
| i. Does the Company perform a risk-based assessment to understand the normal and expected transactions of its suppliers (in order to identify the unusual transactions)? | | | | | | | | | | | | | | | |
| m. Does the Company have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments (e.g., traveller's cheques) or third-party payments? | | | | | | | | | | | | | | | |
| n. Does the Company have to register all purchases and sales? | | | | | | | | | | | | | | | |
| o. From which of the following suppliers does the Company purchase its precious metals and what is the average amount of purchase by deal? | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Supplier type</th> <th>Purchase percentage (%)</th> <th>Average amount in USD per deal</th> </tr> </thead> <tbody> <tr> <td>Bank</td> <td></td> <td></td> </tr> <tr> <td>Corporate</td> <td></td> <td></td> </tr> <tr> <td>Individual</td> <td></td> <td></td> </tr> </tbody> </table> | | | | Supplier type | Purchase percentage (%) | Average amount in USD per deal | Bank | | | Corporate | | | Individual | | |
| Supplier type | Purchase percentage (%) | Average amount in USD per deal | | | | | | | | | | | | | |
| Bank | | | | | | | | | | | | | | | |
| Corporate | | | | | | | | | | | | | | | |
| Individual | | | | | | | | | | | | | | | |
| p. What usual payment method does the Company use to pay its precious metals suppliers? | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Payment type</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Bank transfers</td> <td></td> </tr> <tr> <td>Checks</td> <td></td> </tr> <tr> <td>Cash</td> <td></td> </tr> </tbody> </table> | | | | Payment type | Percentage (%) | Bank transfers | | Checks | | Cash | | | | | |
| Payment type | Percentage (%) | | | | | | | | | | | | | | |
| Bank transfers | | | | | | | | | | | | | | | |
| Checks | | | | | | | | | | | | | | | |
| Cash | | | | | | | | | | | | | | | |
| q. Does the Company have a procedure in place to prevent, detect and report suspicious transactions from its suppliers to the relevant Authority? | | | | | | | | | | | | | | | |
| r. How many suspect reports has the Company filled and handed over to the relevant Authority the last two years? | | | | | | | | | | | | | | | |
| s. Does the Company have a maximum amount as per internal policy or regulatory framework: | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • amount allowed for cash payment? If yes, how much? • amount of deal per supplier in USD? If yes, how much? | | | | | | | | | | | | | | | |
| t. Where cash transaction reporting is mandatory, does the Company have procedures to identify transactions structured to avoid such obligations? | | | | | | | | | | | | | | | |



Comments / Additional information (please indicate which question the information is referring to):

SIGNATURE

I hereby declare that the information given above is true and accurate as of the date of writing.

I undertake to automatically inform [*The refinery*] of any material changes.

| | Authorised Signatory | Authorised Signatory |
|---------------------------|----------------------|----------------------|
| Signature: | | |
| Print Name: | | |
| Title: | | |
| Company Name | | |
| Date and location: | | |