



MINED MATERIAL QUESTIONNAIRE

Supplier Name: _____

General instructions to complete the form.

- All sections of this form must be filled with complete information. If a section is not applicable, please indicate as "Not Applicable" or "NA". All Annexures must be duly filled in.
- Please fill in the answers based on your verifications and to the extent information is available with you.
- "Supplier" means all parties involved in the supply of precious metals from a mine to EMR.
- If there are multiple suppliers, you deal with please fill in this form for each of your mined material supplier.

Type of Material	
What type of precious metals is your organization planning to deal with us? () Gold () Silver () Others, please specify:	
What will be the form of the precious metals? () Gold concentrate () Gold Ore () Silver concentrate () Silver Ore	
Origin, Capacity and Mining Practices of Precious Metal Supplier	
Name of all the countries from where your organization is sourcing the mined material.	
Are any of your suppliers located in areas with gross violations of human rights, serious armed conflicts and/or affected by United Nations sanctions?	() Yes () No Comments (if any):
From how many mining site(s) is the material extracted?	
Name of the mining site(s):	



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Where is the mining site(s) located? (Country, province, closest city, GPS coordinate)	
Is your supplier legally required to hold a mining license?	☐ Yes ☐ No (Please provide copy)
What is the average daily production of the mining site(s)?	
How many people on an average are working on the mining site(s)?	
Are there procedures at the mining site to ensure prevention of child labor?	☐ Yes ☐ No Comments (if any):
Are there any armed groups stationed on/near the suppliers' business operations which indulge in illegal extortion of money?	☐ Yes ☐ No Comments (if any):
Does the supplier's business operations protect by professional security forces and/or government forces (for e.g., police)?	☐ Yes ☐ No Comments (if any):
Is the Government authority responsible for mining or supplier operations and do they carry out on-site visits?	☐ Yes ☐ No Comments (if any):
Environmental Regulatory Requirements	
Are there any health and safety regulations in the country/province of supplier operations?	☐ Yes ☐ No Comments (if any):
Are there any environmental regulations in the country/province of supplier operations?	☐ Yes ☐ No Comments (if any):
Are there any laws & regulations relating to employment conditions in the country/province of supplier operations?	☐ Yes ☐ No Comments (if any):
Are there any child labor regulations in the country/province of the supplier operations?	☐ Yes ☐ No Comments (if any):
Is the Government of the relevant country/province responsible for enforcement of the above regulations?	☐ Yes ☐ No Comments (if any):



شركة سروي العالمية القابضة ذ.م.م. - منطقة حرة

sRUMI GLOBAL HOLDINGS LLC-FZ

Transportation of mined material	
How is the mined material transported from the mining sites to the processing plant?	
What is the mode of transport of mined material from the processing plant to the export location?	
What is the mode of transportation of the mined material from the export location to us?	
Is there any military/police checkpoint along the road from the mining site until the export location?	() Yes () No Comments (if any):
Responsible Supply Chain Information	
Does your organization establish a responsible supply chain of precious metals from conflict-affected and high-risk areas policy which is consistent with MOE and OECD guidelines?	() Yes - Please provide copy () No
Does your company comply with any other industry initiatives/standards?	() Yes - Please provide name & copy () No
What are the procedures you have in place to ensure that the precious metals purchased have not financed a conflict?	

Declaration

To the best of the knowledge, the undersigned, confirms that the above provided information is accurate and represents the current AML/CFT/TFS practice of our organization.

The undersigned also, confirms that I am authorized to complete this document on behalf of my organization.

Company Name: _____

_____Compan

y Stamp: Authorized Person(s) Name: _____Date: _____

Signature: _____Designation: _____

