### Our Process - Strategic Partnership

\* indicates a required field

#### Working With Us

Our Social Investment Program supports organizations dedicated to creating positive community impact through:

- 1.**Grants and donations -** typically one-time contributions that focus on reporting the immediate outputs of their activities.
- 2.**Strategic Partnerships** these projects generally span multiple years, are higher value and require demonstrating and reporting on the intended shared outcomes and community impact.

Use this form to apply for a **STRATEGIC PARTNERSHIP** with South32. You will be asked to demonstrate the intended impact and outcomes of your project using the Social Impact Measurement Framework. **There is a separate form for donations or grants.** 

Note: The 'Applicant' is the Organization (or other entity type) completing this form to apply for monetary and/or non-monetary support through our Social Investment Program.

Please be ready to provide the following information:

- Representative and organization's primary contacts
- Project purpose and intended impact for the community
- Primary beneficiaries of the project
- Desired outcomes and the deliverables that will lead to this positive change
- Evidence of community/stakeholder support
- Project expenses
- Financial statement and relevant policies and procedures

#### **Help with SmartyGrants**

South32 uses SmartyGrants online social investment tool to manage our program from applications (this form) to assessments and project acquittals. Visit <u>SmartyGrants Help Guide For Applicants</u> for help using the system.

Note: Fields marked with asterisks(\*) are mandatory. The system will not allow the application to be submitted if mandatory fields are blank or attachments are omitted.

Please save your application regularly to avoid timing out of SmartyGrants.

Select 'confirm' if this social investment project is a Strategic Partnership (not a grant or donation) and you are prepared to demonstrate and report on intended outcomes following the Social Impact Measurement Framework. \*

O Confirm O Unsure of social investment type Refer to the 'Strategic Partnership' definition above.

Please contact us to confirm which Social Investment Program your project fits into and request the link to the South32 Grant / Donation Application form.

Phone: +25 82 173 5000 | Email: mozalcommunity@south32.net

### Eligibility Criteria

To be eligible for South32's Social Investment Program, you must demonstrate how successfully the project will:

- Deliver benefits to the community in alignment with our focus areas following Social Impact Measurement Framework;
- Support inclusion and community participation;
- Support the needs of the community;
- Deliver present and future benefits to the local area; and
- Support the local environment and natural resources.

South32 will **not** consider the following applications:

- Individuals:
- Fundraising for religious or political purposes;
- Activities that conflict with South32's corporate values, Code of Business Conduct, Anti-Bribery and Corruption Policy or a combination of one, more or all;
- Projects not aligned with our focus areas or able to demonstrate the outcomes and intended impact for the community;
- Projects incapable of delivering measurable benefit(s) to the community; and
- Projects or activities previously supported where South32's support did not (in our view) deliver on the intended purpose and expected benefits.

#### **Due Diligence**

South32's Business Integrity function undertakes due diligence on all social investment applicants across our operations. To help us progress your application, please address all questions in the Due Diligence section of this form.

All applications must pass due diligence before funding is committed.

#### **Quick Links**

- South32 Code of Business Conduct, including our Speak Up Policy (English, Spanish, Portuguese, Simplified Chinese)
- Anti-Bribery and Corruption Policy (English, Spanish, Portuguese, Simplified Chinese)

Please confirm you have read the assessment and eligibility criteria and meet the requirements of our program. \*

O Confirm

O Unsure of eligibility

If you are unsure, please **pause your application** and get in touch with our team.

Phone: +25 82 173 5000 | Email: mozalcommunity@south32.net

#### Focus Areas

South32 supports local community projects aligned to four key focus areas. You will be asked to select the most relevant focus area for your project.

Visit <u>communities and society</u> at our website to learn more about South32's societal contribution and how we work together with host communities.

#### 1. Education and leadership

- Education, training, youth development and childcare.
- Supporting lifelong learning and development, nurturing future leaders, and promoting equal access to education, with a focus on science, technology, engineering, and mathematics.

#### 2. Economic participation

- Local employment, local business development.
- Supporting local employment, sustainable livelihoods, and diversified local economies.

#### 3. Good health and social wellbeing

- Community health, sport and recreation, family, and youth support.
- Supporting community health and social wellbeing and promoting inclusion.

#### 4. Natural resource resilience

- Environment, water, land management.
- Supporting communities to thrive in their environment and use natural resources responsibly and sustainably.

### Social Impact Measurement Framework

Our Social Impact Measurement Framework enables us to understand and report on the impact of our social investment, inform future investment decisions and support community partners to identify opportunities to improve project design.

The Framework incorporates the following elements which are covered in this questionnaire.

- Baseline What is the current status of the community issue or area of focus?
- **Intent** What **change** will the project have on the baseline conditions in the community?
- **Output** What does the project **deliver**? Outputs could be equipment or infrastructure, the number of people who benefit, and other project deliverables.
- Outcome Outcomes are related to the **intent of the project** and are immediate, intermediate or long-term.
- **Impact** This is the **overall change** that has occurred in the community as a result of the project. This is addressed at project completion.

South32 has a number of outcome indicators, and associated metrics which you will be asked to select from. You can also add your own outcomes and associated metrics.

We can work together to identify outcomes and key metrics.

### **About Your Organization**

\* indicates a required field

Please enter the **full legal entity name** of your organisation.

| Organization name (legal entity name) * Organisation Name   |
|---|
| This is the name that appears on all official documents or legal papers and can be different to a business name. Include any suffix (e.g. Pty Ltd, Inc, S.A, etc.).   |
| Organization address (location) * Address   |
| Principal place of business and address for purposes of communications with South32.  |
| Primary website or social media page of Organization (if applicable)  |
| Must be a URL.  |
| What type of legal entity is the Organization?  Government Entity  Non-Profit Company (NPC)  Partnership  Private Limited Company  Public Limited Company  State-Owned Entity  Trust  Non-Profit Organization (NPO)                     |
| Does the Applicant Organization have a business registration, EIN, PBO or NPO number?   |
| □ Business Registration Number (BRN) □ Employer Identification Number (EIN) □ Non-Profit Organisation Number (NPO) □ Public Benefit Organisation Number (PBO) □ Other:  You will be asked to provide these numbers in the next section. |
| Business Registration Number (BRN) *  |
|   |
| Employer Identification Number (EIN) *  |
| Non-Profit Organization Number (NPO) *  |

| Public I   | Benefit Organizat                | ion Number (PB                   | O) *                  |                                     |   |
|--|----------------------------------|----------------------------------|-----------------------|-------------------------------------|---|
| Authoi   | rized Represent                  | tative Contact                   | <u>.</u>              |                                     |   |
| The Den  | rocontativo is the in            | adividual authoria               | ad by the Organ       | vization                            | to provide information  |
| on their reporting   | behalf. The Represe              | entative is the po               | nt of contact fo      | r the ap                            | to provide information<br>plication and future<br>Declaration submitted |
| Authori  | zed representativ                | ve name *                        |                       |                                     |   |
| Title  | First Name                       | Last Name                        |                       |                                     |   |
|  |                                  |                                  |                       |                                     |   |
| <b>D</b>   |                                  | <b></b>                          |                       |                                     |   |
| Repres   | entative position                | *                                |                       |                                     |   |
| Role, job  | title                            |                                  |                       |                                     |   |
| 1.0.0, 100   |                                  |                                  |                       |                                     |   |
| Repres   | entative contact i               | number *                         |                       |                                     |   |
|  |                                  |                                  |                       |                                     |   |
| Renres   | entative email ad                | dress *                          |                       |                                     |   |
| пергез   | circutive ciriaii aa             | aress                            |                       |                                     |   |
| Must be a  | an email address.                |                                  |                       |                                     |   |
|  |                                  |                                  |                       |                                     |   |
| Primar   | ry Cause or Ser                  | vice                             |                       |                                     |   |
|  |                                  |                                  |                       |                                     |   |
|  |                                  |                                  |                       |                                     | only one selection *  |
| _  | ulture, fisheries and            |                                  |                       | O Pub                               | olic safety and security  |
| forestry O Anim  | al welfare                       | <ul><li>Food secur</li></ul>     | and protection<br>ity |                                     | ence, technology and  |
| ○ Arts a   | and culture                      | <ul><li>Health and</li></ul>     | wellbeing             | innova                              | ation<br>ort and recreation   |
| O Comr   | munity developmen                |                                  | Human Rights          | <ul><li>Dis</li></ul>               | aster preparedness and  |
|  | astructure<br>ral leadership and | ○ Humanitari                     | an aid                | relief                              | nily and domestic   |
|  | g (Indigenous,                   | O Humanican                      | all alu               | violen                              | -   |
|  | nal and Tribal Peopl             |                                  |                       |                                     |   |
| <ul><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><li>Economic</li><l< td=""><td>omic development a</td><td>and⊜ Informatior<br/>communicatio</td><td></td><td><ul><li>Wa</li><li>hygier</li></ul></td><td>ter, sanitation and</td></l<></ul> | omic development a               | and⊜ Informatior<br>communicatio |                       | <ul><li>Wa</li><li>hygier</li></ul> | ter, sanitation and   |
|  | ation and skills                 | <ul><li>Internation</li></ul>    |                       | riygiei                             | IC .  |
| develop  | ment                             |                                  |                       |                                     |   |
| Please ch  | noose the most applica           | able from the list pr            | ovided.               |                                     |   |

### **Project Details**

| * indicates a required field   |
|--|
| Project title *  |
| This will be how we will refer to your project if successful. Please ensure it adequately describes the work.                          |
| Start date *   |
| Must be a date.  |
| End date *   |
| Please ensure that the end date is not earlier than the start date.  |
| Provide a short description of your project. *   |
| Think of this as 'the project pitch'.  |
| Project proposal (optional)  |
| Attach a file:   |
| Why does this work need to be done? *  |
|  |
|  |
| This is the 'Baseline' - the current status of the community issue or area of focus that your project targets. (200 words recommended) |
| Has your organization previously received support from South32? (monetary or   |
| non-monetary)? *  O Yes  O No  This could be through a grant or provious strategic partnership   |
| This could be through a grant or previous strategic partnership.   |
| Please provide details of previous support. *  |
|  |
| Focus Area   |
| Which South32 focus area is most relevant to the project? *      Education and Leadership     Economic Participation                   |

| <ul><li>Good Health and Social We</li><li>Natural Resource Resilience</li></ul>               |   |   |
|---|---|---|
| How can this project create and South32? *  | e shared value for your orga                                      | anization, the community  |
|   |   |   |
| Refer to our focus areas on the fir more information about working t                          | rst page of this form and visit <u>Soutland</u><br>Cogether.      | h32 communities and society for                                   |
| Scholarship or Bursary  |   |   |
| ○ Yes   | roject a scholarship or bursa                                     |   |
| ○ Yes   | roject an Adult Learning Pro                                      | _   |
|   | for your Education and Leaders<br>cipients/participants by gender | ship projects. You will be asked and ethnicity in your acquittal. |
| Number of scholarship /<br>bursary recipients<br>or adult learning<br>participants (per year) | % recipients identify as women or girls (if known)                | •   |
| Must be a number.   | Must be a number.   | Must be a number.   |
| Community   |   |   |
| Which local communities w  Boane Matola Namaacha Moamba Maputo City Other:                    | vill benefit from this project                                    | ? *   |
| If your community is not listed, pl   | ease contact us before proceeding                                 | g with your submission.   |

|  | unities affected by t  |  | the beneficiaries and/<br>support the activities |
|--|--|--|--|
| ○ Yes  | ○ No   | ○ Not  | applicable                                       |
| Please upload evide<br>Attach a file:  | nce of community or  | stakeholder support  | (optional).                                      |
| This could be a letter from Optional but recommende  |  | ncil or a potential benefici   | ary of your project.                             |
| Milestones   |  |  |  |
| Please define the key r  | milestones you expect t  | to pass through as part  | of your project.                                 |
| Milestone  | Start date   | End date   | Explanatory notes                                |
| One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.            | Leave blank if date is<br>unknown or not relevant<br>Must be a date. | Leave blank if date is<br>. unknown or not relevant.<br>Must be a date.    | Add notes if you need to provide more context.   |
|  |  |  |  |
| Recognizing Supp  How will South32's s  Social media Press release / med None / requires ano Website Exclusive mining pa | support be recognize ia engagements nymity                           | d? *  Naming rights Promotional materia Signage Event communication Other: |  |
| At least 1 choice must be<br>You may select more than  |  |  |  |
| Please provide any r<br>support or if anonyn   |  | about how you will a   | cknowledge our                                   |
| Project Outcome  | 25   |  |  |
| * indicates a required f   | äeld   |  |  |

Page 8 of 21

Who are the primary beneficiaries of this project/program? \*

**Primary Beneficiaries** 

| No more than 2 choices may be s<br>Please choose only the group/s th   |   | nis project/program.  |  |  |
|--|---|---|--|--|
| How many primary benefic   | iaries do you hope to                                     | reach? *  |  |  |
| This is the total number. You will output metric (if relevant) in the  |   | the number of beneficiaries for each  |  |  |
| Indirect Beneficiaries   |   |   |  |  |
| to benefit from it. For example health of the participants ('rui   | e, a country sports progra<br>ral children and youth'), t | ed by your project but are expected<br>am might be expected to improve the<br>out also to contribute to strengthened<br>eater involvement in sports clubs |  |  |
| project.   | -   | ate will or may benefit from your   |  |  |
| One per row. You may add extra   | rows if required.   |   |  |  |
|  |   |   |  |  |
| Target Population Read   | ch  |   |  |  |
| One of the ways we report on   | Strategic Partnerships is                                 | through the reach of these projects.  |  |  |
|  | clude the number of bus                                   | <b>participation</b> goal of 'diversified inesses involved. We refer to these as  |  |  |
| If you share our <b>good health and wellbeing</b> goal of 'community health' you could tell us how many community groups and households are involved from the service population in your area. |   |   |  |  |
| Number Small Medium<br>Micro Enterprises<br>(SMMEs) or community<br>groups   | Service population  | Number households   |  |  |
|  |   |   |  |  |
| Must be a number.  | Must be a number.   | Must be a number.   |  |  |
| What is the intended lasting beneficiaries? *  | ng impact of the projec                                   | ct for the community and the  |  |  |

This is the project 'Intent', the change the project will have on the baseline conditions in the community. Refer to previous question - 'Why does this work need to be done?'

| Please provide documentation to suppo Attach a file: | rt your intended impact. |
|--|--------------------------|
|  |                          |
| For example, the 'theory of change'.                 |                          |

#### Outcomes

Outcomes are the changes you expect to occur for the beneficiaries of your initiative and are linked to the project 'Intent'. Please select the relevant outcomes from the dropdown list available.

TIP - Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation. These are generally **immediate** or short-term outcomes (within a month)
- Actions, behavior, change in policy. These are generally **intermediate** or medium term outcomes (1 month 2 years)
- Social, financial, environmental, physical conditions. These are generally **long-term** outcomes which we ask you to share at project completion (2 years after activity)

Please list the anticipated outcomes of your initiative in the table below, ensuring each outcome is in a separate row. Strategic Partnerships should align with at least one of the defined South32 outcomes.

| Alignment with South32 outcomes                    | Timeframe                                  |
|--|--|
| Which of our outcomes will your project contribute | When do you expect this outcome to emerge? |
| to?  |  |
|  |  |
|  |  |
|  |  |

### Using Metrics to Demonstrate Outcomes

### A metric is a measurement that indicates your progress towards achieving the intended outcome.

Tip - You may only select metrics that correspond to the outcomes listed above. All other metrics will be 'greyed out' and unavailable. In the subsequent question, 'Your Metrics', you will have the opportunity to add your own metrics and outcomes in free-text fields.

Please indicate which of the quantitative metrics you can report on. Select only the metrics you plan to measure. If you are unsure, leave the field blank and consult with our team.

| Metric                              | Target                         | Collection method                  |
|-------------------------------------|--------------------------------|------------------------------------|
|                                     |                                | How will you collect and verify    |
| metrics (if any) will you track?    | you have chosen - an estimated | the data? E.g. survey, interviews/ |
|                                     | total for your project.        | case studies, focus groups,        |
| on your progress. Add more          | Must be a number.              | administrative data (e.g. case     |
| rows if you want to list additional |                                | management data), observation/     |
| metrics.                            |                                | estimation, government or public   |

|  | dataset (e.g. Census), other<br>datasets. |
|--|---|
|  |   |
|  |   |

#### **Your Metrics**

Please use this table to add your own metrics and outcomes that are not captured in the tables above. Only assign one metric per row.

| Metric / Output   | Type of metric | Target          | Your outcome | Explanatory notes                       |
|---|----------------|-----------------|--------------|---|
| Free-text field. What will your project deliver? Add extra rows per metric. |                | the metric - an |              | What else would<br>you like us to know? |
|   |                |                 |              |   |

### Your Approach to Sustainability and Inclusion

We view sustainability as supporting the needs of the present without compromising the ability of future generations to meet their own needs. Inclusion is everyone's responsibility to create a place to belong. At South32, we aim to be welcoming and inclusive and embrace and celebrate differences. We look for this shared commitment to sustainability and inclusion in our community partners and social investment projects.

| Please describe your organization's approach to sustainabil | lity. * |
|---|---------|
|   |         |
|   |         |
|   |         |
| Read South32's approach to sustainability                   |         |

How will you ensure your project is inclusive, accessible and safe for vulnerable people? \*

If the target beneficiary group you selected in this application form is considered a 'vulnerable group' please provide more detail in this section. Vulnerable groups suffer from structural discrimination and are at the greatest risk of human rights violations. They could include (but are not limited) women, children, older persons, persons with disabilities, ethnic minorities, indigenous peoples and people living with HIV/AIDS.

Page 11 of 21

### **Project Funding**

\* indicates a required field

What type of support are you requesting? \*

Monetary

| <ul> <li>Non-monetary</li> <li>Both (monetary and non-monetary)</li> <li>If unsure, please talk to our team before proceeding.</li> </ul>  |
|--|
| Please select local currency *  Australia = AUD  Brazil = BRL  Canada = CAD  Chile = CLP  Colombia = COP  Mozambique = MZN  Singapore = SGD  South Africa = ZAR  United Kingdom = GBP  United States = USD |
| What is the TOTAL value of the financial support (monetary) you are requesting it this application? $\boldsymbol{*}$   |
| \$ The total value represents the amount requested for the entire duration of the strategic partnership.   |
| Multiple Payments  |
| Please tell us the value of the <b>financial support (monetary)</b> you are requesting per year.   |
| Amount requested - year 1 *  |
| Must be a dollar amount. What is the amount (in dollars only) of the total requested funds committed in the first year?  |
| Amount requested - year 2  |
| Must be a dollar amount. What is the amount (in dollars only) of the total requested funds committed in the second year?   |
| Amount requested - year 3  |
| Must be a dollar amount. What is the amount (in dollars only) of the total requested funds committed in the third year?  |
| What is the estimated TOTAL value of the non-monetary support you are requesting in this application? *  |
| Must be a dollar amount.   |
| Must be a utilial allitutiff.  |

### Strategic Partnership Questionnaire (Mozal)

Form Preview

Please tell us the estimated **non-monetary value** of the social investment per year. Simply divide the TOTAL non-monetary value by the number of years if it is unlikely to differ year on year.

| Non-monetary - year 1 *  |
|--------------------------|
| Must be a dollar amount. |
| Non-monetary - year 2    |
| Non-monetary - year 3    |

### **Project Expenses**

Provide details of significant project expenses. You may upload an itemised budget to support the expenses listed in the table.

| Description of expense | Amount (local currency)  | Budget / attachments   |
|------------------------|--------------------------|------------------------|
|                        | Must be a dollar amount. | Budgets or quotes etc. |
|                        | \$                       |                        |
|                        | \$                       |                        |

What is the total overall value of the project and how much will your organization contribute?

| Total project cost   | Organization's contribution  |
|--|--|
| Must be a dollar amount. What is the total budgeted cost (dollars) of your project? This should reconcile with the expenses above. | Must be a dollar amount.  How much will your organization contribute to the total cost of the project? |

#### **Bank Details**

Please provide the Organization bank details (this will be used if the application is successful).

| Name of Bank *                                |  |
|---|--|
|   |  |
| Applicant Primary Bank Account * Account Name |  |
| Account Number                                |  |

| Payment to Th                                      | nird Parties   |  |                                       |   |
|--|--|--|---------------------------------------|---|
| consultants, etc<br>O Yes<br>A third party include | .) being engaged<br>es any vendor, supplice<br>goods and/or servic | I to assist in delim<br>No<br>er, contractor, sub-co | very of the projections               | t, or similar, that                                       |
| Please provide the                                 | third party vendo  | r's information.                                     |                                       |   |
| Full vendor<br>name                                | Vendor Number  | Specific work to be delivered by vendor              |                                       | Optional attachment                                       |
| List one vendor per row.                           |  | Brief description                                    | Amount expected to be paid to vendor. | e.g., Quote. Use the<br>"Add More" button<br>to add rows. |
|  |  |  | \$                                    |   |
| contributing mo  O Yes                             | utors  ompanies, organi netary or non-mo                           | onetary support                                      |                                       |   |
| Contributor nam                                    | ie   |  |                                       |   |
|  |  |  |                                       |   |
| Due Diligence                                      | e  |  |                                       |   |
|  |  |  |                                       |   |

The following due diligence questions focus primarily on:

- Organization ownership
   You Management and Board Div
- Key Management and Board Directors
- Government affiliations
- Evidence of appropriate policies and procedures
- Disclosure of prior issues and/or convictions.

Please ensure to provide sufficient information, we may need to contact you for additional information if required.

| Ownership  |                  |            |          |               |             |                       |
|--|------------------|------------|----------|---------------|-------------|-----------------------|
| Is the Organizati  O Yes  You should have sele   | _                |            | ○ No     |               |             |                       |
| % government ,   | state owned      |            | Govern   | ment entity   | name        |                       |
| Do not include perce   | ntage symbol (%) |            |          |               |             |                       |
| Do any individua ownership intere  | st in the Organi | ization? * | ○ No     |               |             |                       |
|  |                  |            |          | •             |             | -                     |
| First name   | Middle name      | Last nan   | ne       | Ownership %   |             | ership<br>t / diagram |
|  | lf known.        |            |          | Must be a num | ber.        |                       |
|  |                  |            |          |               |             |                       |
| Board of Direc   | tors / Executiv  | ve Comr    | nittee / | Council Me    | embers      |                       |
| Does the Organia Members? *  | zation have a Bo |            |          | Executive C   | ommitte     | e / Council           |
| ○ Yes  If the Organization is a Shire, Town, Regional Council or Municipality (or similar), please disclose any additional current or past government positions in the 'Government Officials' section below. |                  |            |          |               |             |                       |
| Provide the full names of all current Directors / Executive Committee Members / Council Members.   |                  |            |          |               |             |                       |
| First name   | Middle nam       | e          | Last nar | ne            | Position    |                       |
|  | If known.        |            |          |               |             |                       |
|  |                  |            |          |               |             |                       |
| Key Managem  | ent              |            |          |               |             |                       |
| Provide the full nar for ensuring South:   |                  |            |          |               | o will be a | ccountable            |

Last name

**Position** 

Middle name

First name

individual.

Add a new row for each If known.

| Governm  | ent Offic   | ials  |   |   |   |                              |  |
|--|---|---|---|---|---|------------------------------|--|
| For the purp   | oses of this  | application   | n, "Governn   | nent Official   | " includes:   |                              |  |
| well as f<br>a govern<br>• politicia<br>• leaders<br>• senior r                                    | rom public<br>nment body<br>ans, politica<br>of Indigend<br>members of                                      | internation<br>(;<br>I party offic<br>ous, Tradition<br>royal famil                                       | al organizat<br>ials and car<br>onal and/or   | ions and or<br>ndidates;<br>Tribal Peopl  | l, local or m<br>ganizations<br>es;                               |                              |  |
| Are any of Government O Yes  |   |   | ent Team o  | or Board Di   | irectors ide  | entified in 1                | this form  |
| Current o  | r Past Of   | ficials   |   |   |   |                              |  |
| Government connection  |   | Middle<br>name  | Last<br>name  | Governme<br>position  | e <b>G</b> overnme<br>entity<br>name                              | <b>Ki</b> nown<br>start date | Known<br>end date  |
| Select from<br>the drop<br>down menu.  |   | lf known.   |   | Please<br>insert the<br>specific<br>Position<br>Title.                                      | Please<br>insert the<br>specific<br>Government<br>Entity<br>Name. |                              | Or close<br>approximate<br>Not required<br>if "Current<br>Official". |
|  |   |   |   |   |   |                              |  |
| Anti-Bribe South32's C fraud, briber requirement You can acc languages E For the purp defined on p | ode of Busi<br>ry and corru<br>t to not eng<br>ess our Coc<br>english, Spa<br>poses of this<br>page 2 in ou | ness Condu<br>uption in an<br>age in fraud<br>le and ABC<br>nish, Portug<br>s application<br>or ABC Polic | ct and Anti-<br>y form. We<br>d, bribery or<br>Policy on <u>S</u><br>guese, <u>Simp</u><br>n, a "bribe"<br>y. | Bribery and<br>require those<br>other corre<br>outh32's we<br>lified Chine<br>and "facilita | se who we supt conduct. <u>ebsite</u> , or diverse  ation payme   | upport to meect in vario     | eet our<br>us<br>ns as   |
|  |   | 90  | יוטוווטוע ווי   | the olleri  | ng, promis  | ing or givii                 | ig oi  |

The answer you have provided does not align with South32's ABC Policy. Explain why your Organization does not prohibit bribery and/or facilitation payments? \*

○ Yes

 $\bigcirc$  No

| Prior Issues  |                        |                            |
|---|------------------------|----------------------------|
| In the past 7 years, has the Organizatio been convicted of violating any:   | on (including any dire | ector or member of mana    |
| <ul><li>Laws related to anti-bribery and correporting, anti-fraud?</li><li>Human rights laws?</li></ul>   | orruption, including t | cax evasion, financial mis |
| Answer *  O Yes   | ○ No                   |                            |
| <ul> <li>Who was convicted of a violation(s)</li> <li>The Organization</li> <li>Member/s of the Organization</li> <li>Both the Organization and member/s</li> </ul> |                        | n                          |
| Provide details of the conviction ag  | gainst the Organiza    | ation. *                   |
| Must be no more than 250 words.   |                        |                            |
| Please include attachments (option Attach a file:   | nal)                   |                            |
|   |                        |                            |

Provide the names of the member/s who were the subjects of the conviction or violation.

| First name                         | Middle name | Last name | • | Optional<br>attachment |
|------------------------------------|-------------|-----------|---|------------------------|
| Add a new row for each individual. | If known.   |           |   |                        |
|                                    |             |           |   |                        |

In any country in the past 7 years, has the Organization (including any director or member of management) been, or is still, subject to any:

- investigation,
- shareholder action,
- allegation, or
- prosecution

by a regulatory agency or other body for:

### Strategic Partnership Questionnaire (Mozal)

Form Preview

| serious financ<br>• trade control                                | uption, fraud, moricial related miscors and/or sanctions its violation, or | nduct,            | alse accounting,   | tax evasion or other    |
|--|--|-------------------|--------------------|-------------------------|
| Answer *   |  |                   |                    |                         |
| ○ Yes  |  | ○ No              |                    |                         |
| Who was the su  The Organizat  Member/s of t  Both the Organizat | ion  | _                 | nization           |                         |
| Provide details  | of the activity/s  | against the Or    | ganization. *      |                         |
|  | •  |                   |                    |                         |
| Must be no more th   | 250  |                   |                    |                         |
| Must be no more th   | an 250 words.  |                   |                    |                         |
| Please include a Attach a file:                                  | attachments (op  | tional)           |                    |                         |
|  |  |                   |                    |                         |
| Provide the name action, allegation,                             |  | s who were the su | ubjects of the inv | estigation, shareholder |
| First name   | Middle name  | Last name         | Details            | Optional attachments    |
| Add a new row for  | If known.  |                   |                    | Reports, court          |
| each individual.   |  |                   |                    | documents or findings.  |
|  |  |                   |                    |                         |
| Financial Stat   | ement  |                   |                    |                         |
| Does the Organ   | ization nrenare  | annual financia   | l statements? >    | <b>k</b>                |
| <ul><li>Yes</li></ul>  | ization prepare  | O No              |                    |                         |
|  |  |                   |                    |                         |
|  |  |                   |                    |                         |
| <b>Upload financia</b> Attach a file:                            | I statement *  |                   |                    |                         |
| _  |  |                   |                    |                         |

Policies and Procedures

### Select ALL the policy/procedure/constitution documents currently implemented and operating at the Organization.

Please tick the checkbox for **ALL applicable documents** and provide relevant documentation based on your selection/s.

| Policy *   |  |
|--|--|
| <ul> <li>□ Code of conduct/ethics (or equivalent)</li> <li>□ Anti-bribery and corruption and/or anti-frau</li> <li>□ Policies/procedures to ensure accurate accurate accurate accurate accurates for engaging and approximate, suppliers/contractors), including (for examine acquirements)</li> </ul> | ounting and record-keeping opriately paying suitable third parties |
| <ul><li>□ Constitution Document</li><li>□ None in place</li></ul>  |  |
| Code of conduct/ethics (or equivalent) - P procedure * Attach a file:  | Please provide a copy of the policy /                              |
|  |  |
| Anti-bribery and corruption and/or anti-fr<br>Please provide a copy of the policy / proce<br>Attach a file:  |  |
| Policies/procedures to ensure accurate ac<br>provide a copy of the policy / procedure *<br>Attach a file:  |  |
|  |  |
|  |  |
| Policies/procedures for engaging and app<br>(i.e., suppliers/contractors), including (for<br>approval requirements - Please provide a<br>Attach a file:  | r example) due diligence and internal                              |
|  |  |
| Constitution Document - Please provide a<br>Attach a file:   | copy of the policy / procedure *                                   |

### **Legal Declaration**

\* indicates a required field

Note: For this Application Form, an "Authorized Representative" means a natural person duly authorized to sign this completed form on The Applicants behalf.

#### Privacy and Data Management Declaration

Where The Applicant provides South32 with information relating to an identified or identifiable person listed in this questionnaire or subsequent due diligence enquiries (personal information), South32 will treat the personal information per <a href="South32's privacy">South32's privacy</a> policy

The Applicant confirms it is permitted to disclose personal information to South32 and that the collection and disclosure of personal information complies with applicable privacy and data protection laws in the jurisdiction where it is collected and disclosed, including;

- 1.Notifying relevant persons that the Applicant is disclosing personal information to South32;
- 2.Providing relevant persons with a timely copy of South32's privacy policy before disclosing personal information to South32; and
- 3.Obtaining consent from relevant persons for the disclosure to South32 and the subsequent use or disclosure by South32 where legally required or requested by South32.

### Select the checkbox to confirm that The Applicant has met Privacy and Data Management obligations as legally required. \*

I confirm

The user that submits the Application form in SmartyGrants is deemed to be the individual making the Privacy and Data Management declaration.

### Legal Declaration by Authorized Representative

- I, the undersigned, being a duly Authorized Representative of the Applicant, certify:
- (i) that to best of my knowledge, all information provided in this Application Form is correct and complete; and  $\[$
- (ii) for and on behalf of The Applicant, that The Applicant and its relevant personnel (i.e., directors, officers, employees, owners, and other representatives):
  - understand and follow the expectations set in South32's Anti-Bribery and Corruption (ABC) Policy, approved by South32's Board on 4 November 2019, and will not engage in fraud, bribery, corrupt conduct, or otherwise breach (or cause another to breach) applicable ABC laws. A copy of South32's ABC is available here (English, Spanish, Portuguese, Simplified Chinese).

- will notify South32 immediately if a breach of ABC laws or South32's ABC Policy is suspected or identified where South32 has provided support.
  - will keep and maintain accurate financial records of monetary payments made by or received from South32 and implement adequate controls to mitigate fraud, bribery, and corruption risk relevant to the support provided by South32.

### Select the checkbox to acknowledge that The Applicant understands and complies with the information outlined in the Legal Declaration. \*

#### □ L confirm

The user that submits the Application form in SmartyGrants is deemed to be the individual making the Legal Declaration.