

#### Vendor Registration - Due Diligence Form

Primary Contact Information for the P	urpose of this Due Diligence Form
Contact Person:	
Contact's Title:	
Contact's Phone:	
Contact's E-mail:	
Provide the names and contact details of your Company Lawyers / Legal Representatives:	

#### 1. List the following information about your Officers, Partners, Directors and Owners (Including Companies):

Name (Full Names plus Last Name)	Identity Number	Position (e.g., Owner, Director)	Ownership Percentage (if any)	Title	Nationality
(Attach additional information if required)			•		•



If Ownership Resides With a Legal Entity					
<b>Company Name</b> Company Authority - (Shareholding, Board membership, etc.)	Ownership Percentage (if any)	Decision making Authority (Yes/No)	Country of Origin Comment (For internal use)		
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(Attach additional information if required)					

2. Do any Owners, Partners, Directors, Officers, Employees or majority shareholder with decision making authority currently hold (or did they within the last two years hold) any position of employment with Rössing Uranium Limited?



NO

(If yes, please provide the details below):

YES

Name	Department	Position(s)	Dates (From / To)



3. Do any Owners, Partners, Directors, Officers, Employees or majority shareholder with decision making authority currently hold any position of employment with any government or governmental entity (including agencies and sub-agencies, as well as wholly or partially state-owned enterprises) or any Public International Organization?



(If yes, please provide the details below):

Name	Name of Entity	Position(s)	Dates of Office (From / To)

4. Is any immediate family member (spouse, child, parent, up to first cousin) of any of the Owners, Partners, Directors, Officers, Shareholders with decision-making authority currently employed by, or acting on behalf of Rössing Uranium Limited as consultant, contractor staff, etc.?



NO

(If yes, please provide the details below):

YES

Name of Relative	Position at Rössing	Relationship (i.e. Husband, Wife, Child, etc.)	Department



5. Has the Vendor or any Owner, Partner, Director, Officer or Employee with decision- making authority ever been accused, subjected to investigation, or convicted of bribery or fraud?

YES	NO	
(If yes, please provide the details below):		

6. Has the Vendor or any Owner, Partner, Director, Officer or Employee ever received a government tender?

YES	NO	
(If yes, please provide the details below):		

7. Has the Vendor or any Owner, Partner, Director, Officer or Employee with decision- making authority ever been the subject of any criminal investigation or disciplinary procedure in relation to the Company's professional conduct and/or activities?

YES	NO
(If yes, please provide the details below):	



8. Has the Vendor or any Owner, Partner, Director, Manager or Officer of the Vendor ever been put under administration or liquidation?

YES	NO	
(If yes, please provide the details below):		
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9. Have the Vendor or any Owner, Partner, Director, Manager or Officer of the Vendor currently or ever, have any legal actions against them as a result of their Business operations?

	YES	NO	
(If yes, please provi	ide the details below):		

10. Has the Vendor ever been denied membership in any professional association or body, or had its membership been revoked?

YES	NO	
(If yes, please provide the details below):		



11. Do you have a formal employee Code of Ethics/Conduct and/or other related policies and procedures outlining the expectations of behavior for all employees in as far as it relates to conflict of interest and anti-bribery and corruption initiatives?



NO

- (If yes, please attach a copy of the document):
  - 12. Provide a list of third parties/sub-contractors (names and addresses) anticipated to be materially involved (**50% of delivery or more**) in supplying goods or services to Vendor for purposes of the proposed contract.

Name of third part / Sub-Contractor	Contact Person	Contact Number	Comment (For internal use)

#### 13. Provide a list of trade reference

Name of Company	Contact Person	Contact number	Monthly Turnover	Type of service / goods delivered



Certification of Information Accuracy:

I, \_\_\_\_\_\_, hereby certify, on behalf of \_\_\_\_\_\_, that to the best of our knowledge, after due inquiry, the information provided on this Form, including any attached documents, is accurate, complete and up-to-date. I also certify that if we learn of any additional information that is relevant to this review, we will promptly report that information to Rössing Uranium Limited.

Signed by:	
Position:	
Date:	



(For Internal Use):	
Printed Name (DD Reviewer)	
Ref. Indicator:	
Date	

Trade Reverence Check Notes:

Other review Notes with regards to this application:

Any Concerns with regards to this application: