



CERTIFICATE OF COMPLIANCE ISSUED AS PROOF OF COMPLIANCE WITH REQUIREMENTS FOR ADMISSION OF CANDIDATES FOR BLASTING CERTIFICATE FOR FIERY MINES, IN TERMS OF MINERALS ACT REGULATIONS 28.48.1 AND 28.48.2 IN FORCE IN TERMS OF SCHEDULE 4 OF MHSA

| NAME OF CANDIDATE | ID | PoP | A | AQ | FAC | CoF | GTC | EBM | QUALIFYING SHIFTS | | |
|-------------------|----|-----|---|----|-----|-----|-----|-----|-------------------|-------|-------|
| | | | | | | | | | FACE | OTHER | TOTAL |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |

The above candidates all qualify for the certificate of compliance

NAME OF SENIOR INSPECTOR OF MINES

SIGNATURE

DATE

Certificate of compliance granted

NAME OF PRINCIPAL INSPECTOR

SIGNATURE

DATE

**REGION:
LEGEND:**

| PoP | A | AQ | FAC | CoF | GTC | EBM |
|------------------|-----|------------------------|-----------------------|------------------------|-------------|------------------------|
| Proof of Payment | Age | Academic Qualification | First Aid Certificate | Certificate of Fitness | Gas Testing | Endorsement By Manager |