



## Annual Audit Compliance Report Form

*Environmental Protection Act 1986, Part V Division 3*

Once completed, please submit this form either via email to [info@dwer.wa.gov.au](mailto:info@dwer.wa.gov.au), or to the below postal address:

Department of Water and Environmental Regulation  
Locked Bag 10  
Joondalup DC WA 6919

| Section A – Licence details  |                                                     |                      |             |
|------------------------------|-----------------------------------------------------|----------------------|-------------|
| Licence number:              | L8327/2008/2                                        | Licence file number: | 2012/002661 |
| Licence holder name:         | Paddington Gold Pty Ltd                             |                      |             |
| Trading as:                  |                                                     |                      |             |
| ACN:                         | 008 585 886                                         |                      |             |
| Registered business address: | Paddington Site<br>Menzies Highway<br>Kalgoorlie WA |                      |             |
| Reporting period:            | 01/01/2023 to 31/12/2023                            |                      |             |

| Section B – Statement of compliance with licence conditions                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Did you comply with all of your licence conditions during the reporting period?<br>(please tick the appropriate box)                                                                                                 |
| <input checked="" type="checkbox"/> Yes – please complete: <ul style="list-style-type: none"><li>• section C;</li><li>• section D (if required); and</li><li>• sign the declaration in Section F.</li></ul>          |
| <input type="checkbox"/> No – please complete: <ul style="list-style-type: none"><li>• section C;</li><li>• section D (if required);</li><li>• section E; and</li><li>• sign the declaration in Section F.</li></ul> |

| Section C – Statement of actual production                                                                    |                            |
|---------------------------------------------------------------------------------------------------------------|----------------------------|
| Provide the actual production quantity for this reporting period. Supporting documentation is to be attached. |                            |
| Prescribed premises category                                                                                  | Actual production quantity |
| Category 6: Mine dewatering                                                                                   | 17,544 Tonnes              |
| Category 12: Screening etc. of material                                                                       | 0 Tonnes                   |

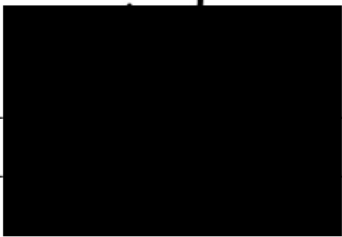
| Section D – Statement of actual Part 2 waste discharge quantity                                                           |                                        |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Provide the actual Part 2 waste discharge quantity for this reporting period. Supporting documentation is to be attached. |                                        |
| Prescribed premises category                                                                                              | Actual Part 2 waste discharge quantity |
| Category 6: Mine dewatering                                                                                               | 17,544 Tonnes                          |

| Section E – Details of non-compliance with licence condition                                                                                                                                                        |  |                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|
| Please use a separate page for each condition with which the licence holder was non-compliant at a time during the reporting period.                                                                                |  |                            |  |
| Condition no:                                                                                                                                                                                                       |  | Date(s) of non-compliance: |  |
| Details of non-compliance:                                                                                                                                                                                          |  |                            |  |
|                                                                                                                                                                                                                     |  |                            |  |
| What was the actual (or suspected) environmental impact of the non-compliance?<br><b>NOTE</b> – please attach maps or diagrams to provide insight into the precise location of where the non-compliance took place. |  |                            |  |
|                                                                                                                                                                                                                     |  |                            |  |
| Cause (or suspected cause) of non-compliance:                                                                                                                                                                       |  |                            |  |
|                                                                                                                                                                                                                     |  |                            |  |
| Action taken to mitigate any adverse effects of non-compliance and prevent recurrence of the non-compliance:                                                                                                        |  |                            |  |
|                                                                                                                                                                                                                     |  |                            |  |
| Was this non-compliance previously reported to DWER?                                                                                                                                                                |  |                            |  |
| <input type="checkbox"/> Yes, and                                                                                                                                                                                   |  |                            |  |
| <input type="checkbox"/> Reported to DWER verbally                                                                                                                                                                  |  | Date:    /    /            |  |
| <input type="checkbox"/> Reported to DWER in writing                                                                                                                                                                |  | Date:    /    /            |  |

## Section F – Declaration

I / We declare that the information in this Annual Audit Compliance Report is true and correct and is not false or misleading in a material particular<sup>1</sup>.

I / We consent to the Annual Audit Compliance Report being published on the Department of Water and Environmental Regulation's (DWER) website.

|                               |                                                                                   |                 |                                                                                     |
|-------------------------------|-----------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------|
| Signature <sup>2</sup> :      |  | Signature:      |  |
| Name: (printed)               |                                                                                   | Name: (printed) |                                                                                     |
| Position:                     |                                                                                   | Position:       |                                                                                     |
| Date:                         | 29/01/2024                                                                        | Date:           | 29/01/2024                                                                          |
| Seal (if signing under seal): |                                                                                   |                 |                                                                                     |

<sup>1</sup> It is an offence under section 112 of the *Environmental Protection Act 1986* for a person to give information on this form that to their knowledge is false or misleading in a material particular.

<sup>2</sup> AACRs can only be signed by the licence holder or an authorised person with the legal authority to sign on behalf of the licence holder.