

| SUPPLIER INFORMATION   |                              |  |   |   |                                      |   |                                |  |  |
|--|------------------------------|--|---|---|--------------------------------------|---|--------------------------------|--|--|
| Supplier Name  |                              | Address                                |   |   |                                      |   |                                |  |  |
| ABN  |                              | Credit limit                           |   |   |                                      |   |                                |  |  |
| GST registered   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | Type of entity                          | <input type="checkbox"/> Sole Trader                  | <input type="checkbox"/> Partnership | <input type="checkbox"/> Company                                | <input type="checkbox"/> Trust |  |  |
| LOCAL CONTENT  |                              |  |   |   |                                      |   |                                |  |  |
| Supplier Location  |                              | <input type="checkbox"/> Broome        | <input type="checkbox"/> Derby          | <input type="checkbox"/> Kimberley Region             | <input type="checkbox"/> Other       |   |                                |  |  |
| Does the business have 50% or more Aboriginal or Torres Strait Islander ownership?   |                              | <input type="checkbox"/> Yes           |   |   | <input type="checkbox"/> No          |   |                                |  |  |
| If yes to the above, which group do you identify with?   |                              | <input type="checkbox"/> Joombarn-buru | <input type="checkbox"/> West-Kimberley | <input type="checkbox"/> Other                        |                                      |   |                                |  |  |
| PURCHASING TERMS AND CONDITIONS  |                              |  |   |   |                                      |   |                                |  |  |
| <a href="#">PurchaseOrderTermsConditionsThunderbirdupdated24322 (kmsands.com.au)</a>   |                              |  |   |   |                                      |   |                                |  |  |
| Please indicate the acceptance of the Company's Standard Terms and Conditions, including any agreed variation of TOPL's T&C's  |                              |  |   | <input type="checkbox"/> Agree<br><i>(Sign Below)</i> |                                      | <input type="checkbox"/> Disagree<br><i>(Do not sign below)</i> |                                |  |  |
| Authorised on behalf of the supplier to sign this form, agreeing to TOPL's T&C's   |                              |  |   |   |                                      |   |                                |  |  |
| Name:  |                              | Signature:                             |   |   |                                      |   |                                |  |  |
| Position:  |                              | Date:                                  |   |   |                                      |   |                                |  |  |
| RELATED PARTY  |                              |  |   |   |                                      |   |                                |  |  |
| Refer attached Explanatory Guidelines on Related Party / Related Party Transactions  |                              |  |   |   |                                      |   |                                |  |  |
| 1. Does the Supplier have a Related Party Transaction with KMS or TOPL?<br>2. Do you consider that the Supplier has a Key Management Personnel (including their Close Family Member) that is a Key Management Personnel of KMS<br><br><b>Note: If you answer to either or both (1) and (2) above, please select [YES]</b><br><b>Note: If you are acting as an Agent, the above questions also apply to the underlying Supplier (i.e. Principal Supplier or Landlord of a property)</b><br><br><b>Exemption:</b> You are Large Business* – Select ["No"] – see definition below:<br><b>*Large Business</b> [Must meet <b>2 out of 3</b> criteria]: If you are an entity (whether individually or as part of a consolidated group) that has: (1) consolidated revenue >\$50m for the financial year; (2) consolidated gross assets >\$25m at the end of the financial year; or (3) 100 or more employees at the end of the financial year. |                              |  |   | <input type="checkbox"/> Yes                          |                                      | <input type="checkbox"/> No                                     |                                | <i>(Please complete &amp; attach the Related Party Declaration Form)</i> |  |
|  |                              |  |   |   |                                      |   |                                |  |  |
| COMMERCIAL CONTACT DETAILS   |                              |  |   |   |                                      |   |                                |  |  |
| Provide details of the authorised contact person for commercial negotiations   |                              |  |   |   |                                      |   |                                |  |  |
| Contact Name:  |                              | Phone No:                              |   |   |                                      |   |                                |  |  |
| Email Address:   |                              | Position:                              |   |   |                                      |   |                                |  |  |
| PURCHASE ORDER (PO) DETAILS  |                              |  |   |   |                                      |   |                                |  |  |
| PO Contact Name:   |                              | PO Phone No:                           |   |   |                                      |   |                                |  |  |
| PO Email Address:  |                              | PO Fax No:                             |   |   |                                      |   |                                |  |  |
| SUPPLIER ACCOUNTS RECEIVABLE DETAILS   |                              |  |   |   |                                      |   |                                |  |  |
| Postal address:  |                              | Phone no:                              |   |   |                                      |   |                                |  |  |
| Email address:   |                              | Fax no:                                |   |   |                                      |   |                                |  |  |
| EFT DETAILS  |                              |  |   |   |                                      |   |                                |  |  |
| Account name:  |                              | BSB number:                            |   |   |                                      |   |                                |  |  |
| Branch:  |                              | Account number:                        |   |   |                                      |   |                                |  |  |

**CONTRACTORS ONLY – ADDITIONAL INFORMATION**

|   |                          |                                     |  |
|---|--------------------------|-------------------------------------|--|
| Mining/Earthworks/Material Handling (please tick)   | <input type="checkbox"/> | Down Hole Well Services             | <input type="checkbox"/>                                   |
| Maintenance   | <input type="checkbox"/> | Working at Heights (RIWHS204D)      | <input type="checkbox"/>                                   |
| Electrical  | <input type="checkbox"/> | Confined Space Entry                | <input type="checkbox"/>                                   |
| Environmental/Waste Management  | <input type="checkbox"/> | Radiation Devices                   | <input type="checkbox"/>                                   |
| Crane/Dogging/Rigging   | <input type="checkbox"/> | Hot Work                            | <input type="checkbox"/>                                   |
| Transport/Freight   | <input type="checkbox"/> | Contaminated Sites/Asbestos Removal | <input type="checkbox"/>                                   |
| Drilling  | <input type="checkbox"/> | Use of Firearms                     | <input type="checkbox"/>                                   |
| Scaffolding   | <input type="checkbox"/> | Fabrication                         | <input type="checkbox"/>                                   |
| Use of Power Tools  | <input type="checkbox"/> | Mobile Equipment                    | <input type="checkbox"/>                                   |
| Other (list):   | <input type="checkbox"/> |                                     |  |
| In the previous 12-month period, was the organisation or subcontractors subject to any action from government authorities, such as on the spot fines, improvement notices, prohibition notices, enforceable undertakings etc under HSE legislation? |                          |                                     | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| In the previous 12-month period, was the organisation or subcontractors prosecuted under HSE legislation?   |                          |                                     | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

**CONTRACTORS ONLY – INSURANCE**

|                                 | CoC attached | Policy # | Start | Expiry | Limit (A\$) |
|---------------------------------|--------------|----------|-------|--------|-------------|
| Workers Compensation            |              |          |       |        |             |
| Public Liability                |              |          |       |        |             |
| Motor Vehicle                   |              |          |       |        |             |
| Professional Indemnity          |              |          |       |        |             |
| Property & Equipment Damage     |              |          |       |        |             |
| Plant & Equipment               |              |          |       |        |             |
| 3 <sup>rd</sup> Party Liability |              |          |       |        |             |
| Other                           |              |          |       |        |             |

**DECLARATION ON RELATED PARTY TRANSACTION**  
**To be signed by each Director of entities tendering/providing contract services to**  
**Thunderbird Operations Pty Ltd**

**EXEMPTION:** YOU ARE NOT REQUIRED TO FILL THIS FORM IF YOU ARE A “LARGE BUSINESS”. A **Large Business** must meet the following **2 out of 3** criteria: If you are an entity (whether individually or as part of a consolidated group) that has: (1) consolidated revenue >\$50m for the financial year; (2) consolidated gross assets >\$25m at the end of the financial year; or (3) 100 or more employees at the end of the financial year.

\*I/We, \_\_\_\_\_  
 of full age and having residential address at \_\_\_\_\_  
 do hereby affirm and declare the following on behalf \_\_\_\_\_  
 of: \_\_\_\_\_  
(The supplier)

[Note: If you are acting as an Agent for the supply, this form needs to be completed by the Principal Supplier or Landlord of a Property.]

1. That: [select at least one of the following]

- This transaction to be entered between Thunderbird Operations Pty Ltd and the Supplier is a Related Party (“RP”) / Related Party Transaction (“RPT”) to Thunderbird Operations Pty Ltd and its related body corporate and their respective shareholders (collectively “TOPL”) pursuant to Australian Accounting Standard Board AAASB 124 and explanatory notes; or
- The Supplier has a Key Management Personnel who is or has a close family member that is Key Management Personnel of TOPL; or
- none of the above applies.

The particulars of RP/RPT are stated in Paragraph 2 below.

2. Particulars of RP/RPT are as follows: -

| PARTIES TO TRANSACTION   | DETAILS OF RELATED PARTY IN THE TRANSACTION |
|--|---|
| <b>TOPL and related companies /<br/>Related TOPL Personnel</b> | Name: _____                                 |
|  | Designation: _____                          |
|  | Relationship / Connection: _____            |
| <b>Supplier</b>  | Name: _____                                 |
|  | Designation: _____                          |
|  | Relationship / Connection: _____            |

AND I/WE MAKE THIS SOLEMN DECLARATION conscientiously believing the same to be true and in the event of any false declaration made herein, TOPL and its related companies shall be entitled to terminate and withdraw the transaction/contract/award made in favour of the Supplier and to further exercise all or any of its rights and remedies under the law.

*Signed by the abovenamed*

NAME: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

*In the presence of*

NAME: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**Explanatory Note:**

The guidance provided below must be construed in conjunction with any other applicable policies and procedures set by KMS.

**1. What is a Related Party Transaction?**

**1.1 Related Party Transaction** is a transfer of resources, services or obligations between a Reporting Entity (defined below) and a Related Party (defined below), regardless of whether a price is charged.

For the purposes of determining whether a Related Party Transaction has occurred, the following transactions or provision of services have been identified as meeting these criteria:

- (a) financial benefits whether it is for KMP or “close family members” (defined below) of KMP
- (b) Lease agreements for housing rental
- (c) Lease agreements for commercial properties
- (d) Monetary and non-monetary transactions between the Reporting Entity and any business or associated entity owned or controlled by the Related Party (including family) in exchange for goods and/or services provided by/to TOPL (trading arrangement)
- (e) Sale or purchase of any motor vehicles, buildings or land owned by a Related Party, to a Reporting Entity that is not commercial at arm’s length
- (f) Loan Arrangements
- (g) Contracts and agreements for construction, supply, equipment lease, consultancy or services

The above is not intended to be an exhaustive list.

**1.2 Reporting Entity** refers to an entity of the KMS and its subsidiaries.

**1.3 Related Party** is a person that is related to the Reporting Entity. This would include the following:

As per paragraph 9 of AASB124 / Australian Accounting Standards Board

- (a) A person or a “close member of that person’s family” (defined below) is related to a Reporting Entity if that person:
  - (i) has control or joint control of the Reporting Entity;
  - (ii) has significant influence over the Reporting Entity; or
  - (iii) is a member of the KMP of the Reporting Entity.
- (b) An entity is related to a Reporting Entity if any of the following conditions applies:
  - (i) The entity and the Reporting Entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
  - (ii) One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
  - (iii) Both entities are joint ventures of the same third party.
  - (iv) One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
  - (v) The entity is a post-employment benefit plan for the benefit of employees of either the Reporting Entity or an entity related to the Reporting Entity. If the Reporting Entity is itself such a plan, the sponsoring employers are also related to the Reporting Entity.
  - (vi) The entity is controlled or jointly controlled by a person identified in (a).
  - (vii) A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
  - (viii) The entity, or any member of a group of which it is a part, provides KMP services to the Reporting Entity or to the parent of the reporting entity.

**1.4 KMP or Key Management Personnel** are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including:

- (a) any director (whether executive or otherwise) of that entity;
- (b) senior staff (Department Managers and above).

**1.5 “Close member of that person’s family” or “close family member”** Those family members who may be expected to influence, or be influenced by, that person in their dealings with KMS and include:

- (a) that person’s children and spouse or domestic partner;
- (b) children of that person’s spouse or domestic partner; and
- (c) dependants of that person or that person’s spouse or domestic partner.