| NOTIFICATION OF AN ENVIRONMENTAL AUTHORISATION PROCESSES IN TERMS OF THE NATIONAL<br>ENVIRONMENTAL MANAGEMENT ACT (ACT NO. 107 OF 1998) (NEMA) AND THE MINERAL AND PETROLEUM<br>RESOURCES ACT(ACT NO 28 OF 2002) (MPRDA) FOR THE PROPOSED MINING OF GENERAL CLAY AND<br>SHALE/BRICK MAKING CLAY ON PORTION 22 OF FARM DRIEFONTEIN 355 IQ, WEST RAND MUNICIPALITY<br>DISTRICT, GAUTENG |                   |         |        |         |          |          |     |       |      |  |
|---|-------------------|---------|--------|---------|----------|----------|-----|-------|------|--|
| REGISTRATION AND COMMENT SHEET  |                   |         |        |         |          |          |     |       |      |  |
| SEF Project Number: 505914  |                   |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
| Name: Sur   |                   |         | Surnam | e:      |          |          |     |       |      |  |
| Organisation / Interest:  |                   |         |        |         |          |          |     |       |      |  |
| Postal / Re   | sidential address |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
|   |                   | Area:   |        |         |          |          |     | Code: |      |  |
| Contact details   |                   | Tel:    | (      | )       |          |          |     | Fax:  |      |  |
|   |                   | Mobile: | (      | )       |          |          |     |       |      |  |
|   |                   | Email:  |        |         |          |          |     |       |      |  |
| Please mark with an X if you would like to participate in the Environmental Assessment and Public Participation<br>Process:   |                   |         |        |         |          |          |     |       |      |  |
| Yes, I would like to participate in this process and receive periodical updates   |                   |         |        |         |          |          |     |       |      |  |
| No, I am not interested in participating and do not wish to receive further information   |                   |         |        |         |          |          |     |       |      |  |
| Preferred method of communication   |                   |         |        | Ema     | ail      |          | Fax |       | Post |  |
| Date commented  |                   |         | (DD    | / M M / | YYY      | Y )      | I   |       | 1    |  |
| Please indicate any issues, comments and concerns with regards to the proposed project:   |                   |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
| Please indicate in which aspects you would require more information:  |                   |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
|   |                   |         |        |         |          |          |     |       |      |  |
| Please indicate the contact details of any I&APs whom you think should be contacted:  |                   |         |        |         |          |          |     |       |      |  |
| Name:   |                   |         |        |         |          |          |     |       |      |  |
| Tel:  | ( )               |         | Fax:   | 0.      | 1        | <b>`</b> |     |       |      |  |
| Mobile:   | ( )               |         |        |         | <b>(</b> | ,        |     |       |      |  |
| Email:  |                   |         |        |         |          |          |     |       |      |  |
| In order to register as an I&AP for this project, kindly fax, mail, or e-mail the completed registration form to Kagiso   |                   |         |        |         |          |          |     |       |      |  |
| Motlhasedi at:  |                   |         |        |         |          |          |     |       |      |  |
| PO BOX 74785   LYNNWOOD RIDGE   0040   TEL (012) 349 1307 / FAX (012) 349 1229   EMAIL:kagiso@sefsa.co.za   |                   |         |        |         |          |          |     |       |      |  |