

DETAILS OF THE SPECIALIST, DECLARATION OF INTEREST AND UNDERTAKING UNDER OATH

File Reference Number: NEAS Reference Number: Date Received:

(For official use only)

Application for authorisation in terms of the National Environmental Management Act, Act No. 107 of 1998, as amended and the Environmental Impact Assessment (EIA) Regulations, 2014, as amended (the Regulations)

DEA/EIA/

PROJECT TITLE

ESTABLISHMENT OF 132KV GRID CONNECTION INFRASTUCTURE FOR HYPERION HYBRID FACILITY, NEAR KATHU, NORTHERN CAPE PROVINCE

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- 3. A copy of this form containing original signatures must be appended to all Draft and Final Reports submitted to the department for consideration.
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Departmental Details

Postal address: Department of Environmental Affairs Attention: Chief Director: Integrated Environmental Authorisations Private Bag X447 Pretoria 0001

Physical address: Department of Environmental Affairs Attention: Chief Director: Integrated Environmental Authorisations **Environment House** 473 Steve Biko Road Arcadia



Department: Environmental Affairs REPUBLIC OF SOUTH AFRICA

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Departmental Details

Postal address: Department of Environmental Affairs Attention: Chief Director: Integrated Environmental Authorisations Private Bag X447 Pretoria 0001

Physical address: Department of Environmental Affairs Attention: Chief Director: Integrated Environmental Authorisations Environment House 473 Steve Biko Road Arcadia

| Specialist Company Name: | Dr Neville Bews & Associates | | | | | | |
|----------------------------------------|-------------------------------------------------------|--------------------------------------|-------------------------------------|-----|-----|--|--|
| B-BBEE | Contribution level (indicate 1 to 8 or non-compliant) | N/A | Percentag Procurem recognitio | ent | N/A | | |
| Specialist name: | Neville bews | | | | | | |
| Specialist Qualifications: | D Litt et Phil | | | | | | |
| Professional affiliation/registration: | N/A | | | | | | |
| Physical address: | 84 Hennie Albert Street Bracken | 84 Hennie Albert Street Brackenhurst | | | | | |
| Postal address: | | | | | | | |
| Postal code: | 1452 Cell: 082 557-3489 | | | | | | |
| Telephone: | | | | | | | |
| E-mail: | bewsco@netactive.co.za | | | | | | |

2. DECLARATION BY THE SPECIALIST

I, Neville Bews, declare that -

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
 reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

Dr Neville Bes & Associates

Name of Company:

22 October 2020

I, Neville Bews, swear under oath / affirm that all the information submitted or to be submitted for the purposes of this application is true and correct

Signature of the Specialist Dr Neville Bews & Associates

Name of Company

22 October 2020

Date

Milliggh

Signature of the Commissioner of Oaths

Э

Date





Department: Environmental Affairs REPUBLIC OF SOUTH AFRICA

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1.

2.

| Specialist Company Name: | ASHA Consulting (Pty) Ltd | | | | | | |
|----------------------------|---------------------------------|--------------------------------------------------------|-------------------------|--|--|--|--|
| B-BBEE | Contribution level (indicate 1 | 0 | | | | | |
| | to 8 or non-compliant) | | Procurement recognition | | | | |
| Specialist name: | Dr Jayson Orton | | | | | | |
| Specialist Qualifications: | D.Phil (Archaeology, Oxford, U | D.Phil (Archaeology, Oxford, UK) MA (Archaeology, UCT) | | | | | |
| Professional | ASAPA CRM member No. 233 | ASAPA CRM member No. 233 | | | | | |
| affiliation/registration: | APHP member No. 043 | APHP member No. 043 | | | | | |
| Physical address: | 40 Brassie Street, Lakeside, 79 | 40 Brassie Street, Lakeside, 7945 | | | | | |
| Postal address: | 40 Brassie Street, Lakeside | 40 Brassie Street, Lakeside | | | | | |
| Postal code: | 7945 Cell: 083 272 3225 | | | | | | |
| Telephone: | 021 788 1025 | Fax: n/a | | | | | |
| E-mail: | jayson@asha-consulting.co.za | | | | | | |

DECLARATION BY THE SPECIALIST

JAYSON ORTON, declare that -

I act as the independent specialist in this application;

 I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;

I declare that there are no circumstances that may compromise my objectivity in performing such work;

- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;

b

- I undertake to disclose to the applicant and the competent authority all material information in my possession that
 reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

ASHA CONSULTING (PTY) 1LTD

Name of Company:

21-10-2020

Date

JAYON ORTON , swear under oath / affirm that all the information submitted or to be 1 submitted for the purposes of this application is true and correct. Signature of the Specialist HA CONSULTING (PTV) LTD. Ar Name of Company 10 - 2020Date 7738 7.606 only NG Signature of the Commissioner of Oaths 2020 - 10 - 21 Date SOUTH AFRICAN POLICE SERVICE KIRSTENHOF SAPS 2020 -10- 21

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Department: Environmental Affairs REPUBLIC OF SOUTH AFRICA

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Physical address:

Department of Environmental Affairs Attention: Chief Director: Integrated Environmental Authorisations **Environment House** 473 Steve Biko Road Arcadia

| Specialist Company Name: | The Biodiversity Company | | | | | |
|----------------------------|--------------------------------|-------------------------------|---------------------------|-------------|---|--|
| B-BBEE | Contribution level (indicate 1 | Level 4 | Percentage | 100% | | |
| | to 8 or non-compliant) | | Procuremen recognition | t | | |
| Specialist name: | Ivan Baker | | | | _ | |
| Specialist Qualifications: | MSc Environmental Science a | nd Hydroped | ology | | _ | |
| Professional | Cand. Sci Nat (119315) | Cand. Sci Nat (119315) | | | | |
| affiliation/registration: | | | | | _ | |
| Physical address: | 777 Peridot St. Jukskei Park. | 777 Peridot St. Jukskei Park. | | | | |
| Postal address: | 777 Peridot St. Jukskei Park. | | | | _ | |
| Postal code: | 2188 | Cell | . – | 79 898 4056 | _ | |
| Telephone: | | Fax | | | - | |
| E-mail: | Ivan@thebiodiversitycompany | .com | | | _ | |

2. DECLARATION BY THE SPECIALIST

I, Ivan Baker, declare that -

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
 reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

The Biodiversity Company

Name of Company: 2020/10/23

I, Ivan Baker swear under oath / affirm that all the information submitted or to be submitted for the purposes of this application is true and correct.

Signature of the Specialist

The Biodiversity Company

Name of Company

23 101 2020)

Date

7175381-8 A

Signature of the Commissioner of Oaths

2020/10/23.

Date

| (| CLIENT SERVICE CENTER | |
|---|-----------------------|--|
| | 2020 -10- 2.3 | |
| | DOUGLASDALE | |

| | CONTRACTOR OF A DESCRIPTION OF A DESCRIP |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I certify that the above statement was tal- deponent has acknowledged that he/she kni contents thereof. This statement was swom to/ deponent's signature/mark/thumb-print was place | affirmed before me and the ed thereon in my presence. |
| At-DaullASDALE 020201 101 | 23 _{at} 09:10 |
| (Signature) COMMISSIONER | OF OATHS |
| GORIZGA SHILUUT | N BLOCK LETTERS |
| TO PAAS AND DO BUSINESS ADDRESS (STREE | TADDRESS) |
| | |
| RANK CST. | SA POLICE SERVICE |



Department: Environmental Affairs REPUBLIC OF SOUTH AFRICA

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| Specialist Company Name: | | | | | | |
|----------------------------|----------------------------------------------------------|--------------|----------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| B-BBEE | Contribution level (indicate 1 to 8 or non-compliant) | 4 | Percenta Procuren | ge nent | 125% | |
| Specialist name: | | | recognitio | on | | |
| Specialist Qualifications: | M.sc. Env Management. B.Sc. H | lons Aquatio | Health | and a start of the s | ىتىكىتىنى مىيىنى ھىتىرلىيى جى جەرىي تىك تەركىكى يىرىي يېزىكى تىك مىكى بىيى ھى | |
| Professional | SACNASP Registered Reg No. | 400134/05 | | | | |
| affiliation/registration: | | | | | | |
| Physical address: | 29 Arterial Rd West Oriel 2047 | | | | | |
| Postal address: | P.O. Box 751779 GArdenview | | | | | |
| Postal code: | 2047 | Cell: | | 083 415 235 | 56 | |
| Telephone: | 011 616 7893 | Fax: | F | 100 110 200 | | |
| E-mail: | stephen@sasenvgroup.co.za | | | | | |

2. DECLARATION BY THE SPECIALIST

Stephen Van Stades, declare that -I.

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
 reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Made

Signature of the Specialist

Hqueitic Services Name of Company:

October 7.07

Stephen Van Staden, swear under oath / affirm that all the information submitted or to be Ι, submitted for the purposes of this application is true and correct.

Signature of the Specialist

Scientific Aquatic Services

Name of Company:

12 October 2020

Date

Signature of the Commissioner of Oaths

2 Date

Kedzardmenn CSC 60 van bruse R 2007

| SUID-AFRIKAANSE POLISICO |
|----------------------------------------|
| DIE STASIE BEVELVOERDER BEDFORDVIEW |
| 2020 -10- 1 ₂ |
| THE STATION COMMANDER BEDFORDVIEW |
| SOUTH AFRICAN POLICE SERVICE |

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Department: Environmental Affairs REPUBLIC OF SOUTH AFRICA

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Details of Specialist, Declaration and Undertaking Under Oath

| Specialist Company Name: | Lourens du Plessis t/a LOGIS | | | | | 1 | |
|----------------------------|--------------------------------|---------------|-------------------------|---------------|------|-------------|----|
| B-BBEE | Contribution level (indicate 1 | Exempt | Percentage | 0 | | | |
| | to 8 or non-compliant) | | Procurement recognition | | | | |
| Specialist name: | Lourens du Plessis | | | | | | |
| Specialist Qualifications: | BA | | | | | | |
| Professional | Professional Geo-Information | Science (| GISc) Practitione | er registered | with | the | SA |
| affiliation/registration: | Geomatics Council (SAGC) Re | eg. No. GPr (| GISc 0147 | | | | |
| Physical address: | 531A Witogie Street Die Wilge | rs Pretoria | | | | | |
| Postal address: | PO Box 384 La Montagne | | | | | | |
| Postal code: | 0184 | Cell | : 082 | 922 9019 | | osno essure | |
| Telephone: | | Fax | | | | | |
| E-mail: | lourens@logis.co.za | | | | | | |

2. DECLARATION BY THE SPECIALIST

I, Lourens du Plessis, declare that -

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
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 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

t/a LOGIS Name of Company:

21/10/20

I, Lourens du Plessis, swear under oath / affirm that all the information submitted or to be submitted for the purposes of this application is true and correct.

%

Signature of the Specialist

t/a LOGIS

Name of Company

Zi 20 10

Date

10 1

Signature of the Commissioner of Oaths

2 10 10 Date

AFRICAN POLICE SERVICE GARSFONTEIN 2020 -10- 2 1 COMMUNITY SERVICE CENT UID-AFRIKAANSE OLISIEDIENS

| Specialist Company Name: | Scientific Terrestrial Services C | C | | | | |
|----------------------------|-----------------------------------|--------------|-------------|------------|------------|-------------|
| B-BBEE | Contribution level (indicate 1 | 4 | Percentag | ge | | |
| | to 8 or non-compliant) | | Procurem | ient | | |
| | | | recognitic | n | | |
| Specialist name: | Nelanie Cloete | | | | | |
| Specialist Qualifications: | MSc Environmental Manageme | ent | | | | |
| Professional | Professional member of the | South Africa | n Council f | or Natural | Scientific | Professions |
| affiliation/registration: | (SACNASP – Reg No. 400503) | /14) | | | | |
| Physical address: | 29 Arterial Road West, Oriel, 2 | 007 | | | | |
| Postal address: | PO Box 751779 | | | | | |
| | Gardenview | | | | | |
| Postal code: | 2047 | Cell: | | 08431148 | 78 | |
| Telephone: | 0116167893 | Fax: | | 08672431 | 32 | |
| E-mail: | nelanie@sasenvgroup.co.za | | | | | |

2. DECLARATION BY THE SPECIALIST

I, _Nelanie Cloete_____, declare that –

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
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 the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
 submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

Scientific Terrestrial Services CC

Name of Company:

23.10.2020

I, _____Nelanie Cloete______, swear under oath / affirm that all the information submitted or to be submitted for the purposes of this application is true and correct.

2

Signature of the Specialist

Scientific Terrestrial Services CC

Name of Company

23.10.2020

Date

Signature of the Commissioner of Oaths