

ANNUAL RETURN

Information on this form is required in accordance with the conditions of your licence or approval issued under part 5 of the *Waste Management and Pollution Control Act* or part 7 of the *Water Act*.

Failure to provide the information requested on this form and/or the provision of false or misleading information is an offence under the legislation and you may be liable to heavy penalties.

| | |
|-----------------------------|-------------------------------|
| LICENCE/APPROVAL NO. | WDL 171-11 & WDL 171-12 |
| REPORTING PERIOD | 1 April 2023 to 31 March 2024 |

Section 1. Licence/Approval Holder Details

Please check your business details and contact details including 24 hour emergency response in NT EPA online and/or on page one of your licence.

Are these details correct?

Yes Go to Section 2

No Please correct your details by updating in NT EPA Online or complete the table below.

| Licence holder | |
|-----------------------------------|---|
| Legal Entity Name: | RTA Gove Pty Ltd |
| ABN: | 76 000 453 663 |
| Registered Business Address: | 155 Charlotte Street, Brisbane QLD 4000 |
| Postal Address: | PO Box 21, Nhlulunbuy, NT 0881 |
| Contact Person: | Brad Warner |
| Position Title: | HSE Business Partner |
| Contact Details: | |
| b/h: | 08 8987 5422 |
| mobile: | 0476 009 814 |
| email: | Bradley.Warner@riotinto.com |
| Location of premises | |
| Address: | 1 Melville Bay Road, Nhulunbuy, NT 0880 |
| 24 hour emergency response | |
| Position Title: | Control Room Operator |
| phone: | 08 8987 5233 |
| mobile: | N/A |

Section 2. Statement of Compliance

Were all conditions of the licence/approval complied with during the reporting period?

Yes Proceed to Section 4.

No Complete details below (add more rows if required)

| Details of Non-compliance | | | | |
|---|-----------------------------------|---------------------------------|---|---|
| Condition number | Date of non-compliance (dd/mm/yy) | Was NT EPA notified? (Yes / No) | If yes, date NT EPA notified (dd/mm/yy) | If yes, how was NT EPA notified? (e.g. phone, email, Pollution Hotline) |
| | | If no, complete Section 3 | | |
| WDL171-11 Condition 22 1000635878 | 17/04/23 | Yes | 17/04/23 | Phone Email |
| WDL 171-11 Condition 28 1000636212 | 17/04/23 | Yes | 17/04/23 | Phone Email |
| WDL 171-11 Condition 22 1000636444 | 21/04/23 | Yes | 21/04/23 | Phone Email |
| WDL 171-11 Condition 22 1000636597 | 25/04/23 | Yes | 25/04/23 | Phone Email |
| WDL 171-12 Condition 25 & 26 1000647090 | 16/11/23 | Yes | 16/11/23 17/11/23 | Phone Email |
| WDL 171-12 Condition 25 & 26 1000648088 | 20/12/23 | Yes | 20/12/23 | Phone Email |
| WDL 171-12 Condition 25 & 26 1000649140 | 24/01/24 | Yes | 24/01/24 | Phone Email |
| WDL 171-12 Condition 25 & 26 1000650471 | 12/03/24 | Yes | 12/03/24 | Phone Email |
| WDL 171-12 Condition 25 & 25 1000650589 | 22/03/24 | Yes | 23/03/24 | Phone Email |

Report of Non-compliance

Please supply the following details for each non-compliance not reported to the NT EPA identified in Section 2. Use a separate page for each non-compliance.

| |
|---|
| The date and time of the non-compliance. |
| |
| When the non-compliance was detected and by whom. |
| |
| The actual and potential causes and contributing factors to the non-compliance. |
| |
| The risk of environmental harm arising from the non-compliance. |
| |
| The action(s) that have or will be undertaken to mitigate any environmental harm arising from the non-compliance. |
| |
| Corrective actions that have or will be undertaken to ensure the non-compliance does not reoccur. |
| |
| If no action was taken, why no action was taken. |
| |

Section 3. Signature and Certification

| | | | |
|---|---|--|---|
| This declaration must only be signed by a person(s) with the legal authority to sign it. The ways in which the application may be signed, and the people who may sign the application, are set out in the categories below. | | | |
| If the licence holder is: | Tick | The application must be signed and certified by one of the following: | |
| An individual | <input type="checkbox"/> | The individual. | |
| A partnership | <input type="checkbox"/> | A partner. | |
| A company | <input type="checkbox"/> | The common seal being affixed in accordance with the <i>Corporations Act</i> , or | |
| | <input type="checkbox"/> | Two directors, or | |
| | <input checked="" type="checkbox"/> | A director and a company secretary, or | |
| | <input type="checkbox"/> | If a proprietary company that has a sole director who is also the sole company secretary – by that director. | |
| A public authority | <input type="checkbox"/> | The Chief Executive Officer (CEO) of the public authority, or | |
| | <input type="checkbox"/> | By a person delegated to sign on the public authority's behalf in accordance with its legislation (Please note: a copy of the relevant instrument of delegation must be attached to this application). | |
| I/We hereby declare that the information provided in this Annual Return and accompanying documents is to the best of my/our knowledge, true and correct. | | | |
| Signature |  | Signature |  |
| Name (printed) | Steve Dunstone | Name (printed) | Angela Clark |
| Position | Director | Position | Company Secretary |
| Date | 17 July 2024 | Date | 17 July 2024 |
| Seal (if signing under seal): | | | |