

MONTHLY RETURNS
(SALT PRODUCING COMPANIES)

Month: _____
 Year: _____

O F F I C I A L U S E		Received at: _____ On: _____ Authorizing officer: _____ Report is confirmed complete: _____ On: _____ Reviewing officer: _____	
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Note to the preparer: on this form report only matters pertinent to the registration code number reported above. Use a separate reporting form for each registered mining lease (combined reports are not permissible).

A. COMPANY DETAILS

1. Name of Company.....

(For items 2-6 below, please, provide answers for the first time and advice when changes occur)

2. Concession / Location

.....

3. Address

.....

4. Fax.....WebsiteE-Mail.....

.....

5. Name of Parent Company and Address (if any)

.....
.....

1. COMPANY DIRECTORS

Name of Director	Nationality
a).....
b).....
c).....
d).....
e).....

2. COMPANY SHAREHOLDING

Name of Shareholder	Nationality	% Shareholding
a).....
b).....
c).....
d).....
e).....

3. DIRECTORS OF PARENT COMPANY (if any)

Name of Director	Nationality
a).....

- b).....
- c).....
- d).....
- e).....

4. KEY SHAREHOLDERS OF PARENT COMPANY (if any)

Name of Shareholder	Nationality	% Shareholding
a).....
b).....
c).....
d).....
e).....

B. LAYOUT OF CONCESSION/OPERATIONAL AREA

- a. Total concession/operational area (hectares)
- b. Total area designated for backwaters (hectares)
- c. Total area designated for crystallising pans (hectares)
- d. Number of crystallising pans
- e. Dimension of pans (metre x metre)
- f. Type of pans
- g. Source of brine and initial concentration
- h. Dimension of brine reservoir (metre x metre x metre)
- i. Capacity of intake pumps (KVA or m³/h or gal/min)
- j. Number of pumps

C. WEATHER / METEOROLOGICAL DATA

- a. Report on daily rainfall figures for the month.
- b. Report on wind direction and daily average wind speed for the month.
- c. Report on daily maximum and minimum temperature figures for the month.
- d. Report on daily relative humidity measures for the month
- e. Report on daily evaporation rates for the month

D. MONTHLY PRODUCTION REPORT

a. Raw / Crude salt

- (i) Total tonnage produced (MT)
.....
- (ii) Moisture content (%)
.....

(iii) Total tonnage (MT) produced (dry weight)

b. Refined salt

Size (mm) / Type	Tonnage Produced (MT)

E. MINE DEVELOPMENT

(Please provide information on separate sheet)

F. PRODUCTION EXPENDITURE

i. Average Monthly Foreign Exchange Rate Applied (Cedis/US\$)

	FC (US\$)	LC (GH¢)**
ii. Total Cash Cost
iii. Total Cost
iv. Total Cost Details:		
a) Salaries and Wages (Gross)		
i. Local
ii. Foreign
b) Bank Interest
c) Interest to Affiliate
d) Royalty Payable (¢)
e) Royalty paid (¢)***
f) Corporate Tax
g) Depreciation (for tax)
h) SSF by Employer
i) Consumables
j) Utilities
k) Fuel

- l) Maintenance Cost
 m) Sundries

TOTAL

*FC = Cost incurred in foreign currency for specific activities/cost item

**LC = Cost incurred in local currency for specific activities/cost item

***Royalty Paid: Attach a copy of IRS receipts

v. Consumable Details

Item	Country of Origin	Quantity Consumed	Unit of Measure	Price/Unit	Value	
					FC US\$	LC GHC
Iodine compound						
Gear Oil						
Petrol						
Diesel						
Cement						
Lubricants						
Plastic bags						
Others (please list)						
				Total Value		

vi.). Utilities Details:

C.1.1 Electricity	Price/Unit	Consumption (kva)	Power (kva)	Cost	
				FC (US\$)	LC (GH ¢)
- Self generated					
- National Grid					
Total					

C.1.2 Water	Price/Unit	Consumption (Litres)	Cost	
			FC (US\$)	LC (GH¢)
- Self produced				
- National Grid				
Total				

C.1.3 Telecommunication	Cost	
	FC (US\$)	LC (GH¢)

G. MONTHLY SUMMARY LABOUR RETURNS

	Expatriate	Ghanaian Senior	Ghanaian Junior	Contractors			Skilled Labour	Unskilled labour	Local Casual Labour	Total
				Expatriate	Ghanaian Senior	Ghanaian Junior				
Male										
Female										
Total										

*Indicate the total number of people employed from the community:

Male..... Female..... Total.....

H. QUALITY CONTROL MEASURES

Please attach laboratory report indicating the following:

- i. Physico-chemical composition of brine source i.e. seawater/lagoon.
- ii. Bacteriological examination of brine source i.e. seawater/lagoon.
- iii. Physico-chemical composition of various end products.

I. BRINE MANAGEMENT

- i. Brine heights measurement
- ii. Daily brine concentration

J. MARKETING OF PRODUCTS

a. Export

Type of salt	Food Industry				Industrial use				Animal Husbandry			
	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Country)	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Country)	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Country)
Raw salt												

Raw-iodated salt												
Refined salt												
Refined-iodated salt												
Total												
Grand Total												

b. Local

Type of salt	Food Industry				Industrial use				Animal Husbandry			
	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Company)	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Company)	Quantity (MT)	Unit Price (US\$)	Value (10 ⁶ US\$)	Destination (Company)
Raw salt												
Raw-iodated salt												
Refined salt												
Refined-iodated salt												

Total												
Grand Total												

K. COMMUNITY RELATIONS

(Please provide briefs on various Company-Community partnership programmes)

Corporate Social Responsibility (CSR) Projects

L. HEALTH, SAFETY AND ENVIRONMENTAL ISSUES

a. Health Issues

Indicate the availability or otherwise of the following:

- i. Place of convenience
.....
- ii. Canteen
.....
- iii. Sanitary conditions of immediate surroundings of salt works

b. Safety Issues

Indicate the availability or otherwise of the following:

- i. First Aid Training for staff
- ii. First Aid kits
- iii. Safety equipment (list them)

c. Environmental Issues

- i. Effect of operation on vegetation especially the mangrove
- ii. Effect of operation on wetlands and aquatic life
.....
- iii. Solid waste and bitterns disposal methods
.....
- iv. Noise pollution
.....
- v. Water Pollution
.....
- vi. Socio-economic effects of operation
.....

- vii. Flood prevention measures taken
-
- viii. (Attach additional sheets if
necessary)

M. GENERAL COMMENTS

Brief report on Occupational Difficulty, New Technology or anything of interest

I HEREBY CERTIFY THAT THE INFORMATION AS PROVIDED ABOVE IS TRUE

Name: _____ Signature: _____

Designation: _____ Date: _____