

Applicant Details

Applicant Details	
Name	KARARA POWER PTY LTD
Registered Office (if a Corporation)	LEVEL 8, LONDON HOUSE 216 ST GEORGES TCE PERTH WA 6000
Principal Place of Business (if different from Registered Office)	

Contact Details	
Contact Name	AIDAN KELLY
Mail Address	PO BOX 7200 CLOISTERS SQUARE PERTH WA 6850
Email	aidan.kelly@kararamining.com.au
Telephone	(08) 6298 1002 / 0400 846 063
Fax	(08) 9480 8799

Company Structure	
ABN or ACN	137 632 001
Legal Nature of Applicant	PRIVATELY OWNED PROPRIETARY COMPANY LIMITED BY SHARES.
Place of Incorporation	PERTH, WESTERN AUSTRALIA

Electricity Licences

Classification of the Electricity Licence Application		
Type of Licence Application	Generation Transmission Distribution Retail Integrated Regional	
For Generation and Integrated Regional Licences	Installed Capacity	_____ megawatts
For Transmission and Integrated Regional Licences	Transmission System Length	<u>124</u> kilometres
For Distribution and Integrated Regional Licences	Distribution System Length	_____ kilometres
For Retail and Integrated Regional Licences	Number of Customers	_____

Gas Licences

Classification of the Gas Licence Application		
Type of Licence Application	Distribution Trading	
For Distribution Licences	Distribution System Length	_____ kilometres
For Trading Licences	Number of Customers	_____

Water Licences

Classification of the Water Operating Licence Application		
Type of Licence Application	Potable Non-Potable Drainage Irrigation Sewerage	
For all Water Operating Licence Classifications	Water System Length	_____ metres/kilometres (delete as applicable)
For all Water Operating Licence Classifications	Number of Customers	_____

Areas to be covered by the licence

Designated area of the Licence Application	
Specific Area and/or Address to be covered by this licence.	<u>Within Western Power's South west</u> <u>Interconnected Network System</u>
If the area covered by this licence is restricted to less than 4 Local Government Areas (LGAs) please list them here	Licence covers > 3 LGAs Specific LGAs covered 1 _____ 2 _____ 3 _____
Region(s) to be covered by this licence	Perth Metropolitan Gascoyne Goldfields-Esperance Great Southern Kimberley Mid-West Peel Pilbara South West Wheatbelt

Certification – Acknowledgement of Commitment

I declare that the information provided in this application is correct to the best of my knowledge and I am aware of the requirements under the Act for the licence being applied for and that I have the authority to make this application on behalf of the above entity.

Signed by or on behalf of the applicant⁵.

Name:

Aidan Kelly

Position:

Chief Advisor Project Approval

Signed:

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Date:

20 July 2010

⁵ If signed on behalf of the applicant, please attach the relevant authority to bind the applicant.