LOCAL BENEFITS ANNEX D

(SOCIAL, ECONOMIC AND ENVIRONMENTAL)

| | Apprenticeships/training opportunities Please indicate whether the company offers apprenticeships or training opportunities. If no apprenticeship or training opportunities exist, then indicate below. (Add more lines as needed) | | | | | | |
|---|---|--|------------------|-----------|--|---|--|
| NUMBER | <u>NAME</u> | | NON BERMUDIAN | BERMUDIAN | APPRENTICESHIPS OR TRAINING OFFERED BY YOUR COMPANY (month/year) | | |
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| Number of employees/Bermudians Please indicate the total number of persons employed by the company and the number and percentage of Bermudian employees. | | | | | | | |
| | NUMBER OF NON-BERMUDIANS: | | | | | | |
| | NUMBER OF BERMUDIANS: | | | | | | |
| | NUMBER OF EMPLOYEES: | | | | | | |
| | PERCENTAGE OF BERMUDIANS: | | | | | | |
| | | | | 1 | | 1 | |

| Will the proponent use local businesses in their supply chain? |
|---|
| Yes No |
| If no, then please provide an explanation |
| Will the proponent use local sub-contractors (if applicable)? |
| Yes No |
| If no, then please provide an explanation |
| Safety, Health and Environmental Policies |
| Please indicate whether the company has a (i) safety and health policy, (ii) sustainable goods and/or services policy, and/or (iii) an environmental policy. If so, then please provide a copy. |
| Copy attached Yes No |
| Provide a copy of the proponent's Certificate of Incorporation (if applicable). |
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