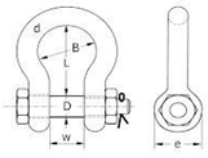


## LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                                                                                                                             |                                                                                                                                                                                                  |                                  |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------|
| <b>CLIENT:</b>                                                                                                                              | SLB BASRA                                                                                                                                                                                        | <b>CERTIFICATE NO:</b>           | QC-SLB-25209-120 |
| <b>LOCATION:</b>                                                                                                                            | ARTIFICIAL LIFT                                                                                                                                                                                  |                                  |                  |
| <b>EXAMINATION DATE:</b>                                                                                                                    | 24/Aug/2025                                                                                                                                                                                      | <b>JOB NO:</b>                   | QC-SLB-25209     |
| <b>LAST INSPECTION</b>                                                                                                                      | <b>NEXT INSPECTION DATE</b>                                                                                                                                                                      | <b>LAST PROOF LOAD TEST DATE</b> |                  |
| 24/Feb/2025                                                                                                                                 | 23/Feb/2026                                                                                                                                                                                      | BY MANUFACTURE                   |                  |
| <b>IDENTIFICATION NO</b>                                                                                                                    | <b>DESCRIPTION</b>                                                                                                                                                                               | <b>QTY</b>                       | <b>SWL</b>       |
| 110-94                                                                                                                                      | <b>Safety pin bow Shackles</b><br><br>Size: 1''<br>Grade: 6<br>Manufacturer: Bash-P<br><br>Safety Factor: 6:1  | 01                               | 8.5TON           |
| <b>Applicable Reference Standard:</b>                                                                                                       | BS EN 13889 / US FED SPEC RR-C-27 1 D                                                                                                                                                            |                                  |                  |
| * Is this the first examination after installation or assembly at a new site or location?                                                   | Was the examination carried out?                                                                                                                                                                 |                                  |                  |
|                                                                                                                                             | YES                                                                                                                                                                                              | NO                               | ✓                |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | * Within an interval of 6 months?                                                                                                                                                                |                                  |                  |
|                                                                                                                                             | YES                                                                                                                                                                                              | ✓                                | NO               |
|                                                                                                                                             | * Within an interval of 12 months?                                                                                                                                                               |                                  |                  |
|                                                                                                                                             | YES                                                                                                                                                                                              | ✓                                | NO               |
|                                                                                                                                             | * By an examination scheme?                                                                                                                                                                      |                                  |                  |
|                                                                                                                                             | YES                                                                                                                                                                                              | ✓                                | NO               |
|                                                                                                                                             | * After the occurrence of exceptional circumstances?                                                                                                                                             |                                  |                  |
|                                                                                                                                             | YES                                                                                                                                                                                              | ✓                                | NO               |
| Identification of Any Part Found to Have a Defect Which Is or Could Become a Danger to Persons and A Description of the Defect: <b>None</b> |                                                                                                                                                                                                  |                                  |                  |
| Is The Above a Defect Which Is of Immediate Danger to Persons                                                                               |                                                                                                                                                                                                  | YES                              | NO               |
| Is The Above a Defect Which Is Not Yet but Could Become a Danger to Persons:<br>(If YES State The Date By When)                             |                                                                                                                                                                                                  | NO                               | YES              |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: <b>None</b>                               |                                                                                                                                                                                                  |                                  |                  |
| <b>** Visual and Dimension Check was Carried Out.</b>                                                                                       |                                                                                                                                                                                                  |                                  |                  |
| Is This Equipment Safe To Operate?                                                                                                          | Yes Accept                                                                                                                                                                                       | ✓                                | NO Reject        |

| INSPECTOR         | SIGNATURE:                                                                          | SUPERVISOR:   | SIGNATURE: |
|-------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohammed Abdullah |  | Ashraf Elsaad |            |

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.