

SETTLEMENT CLASS OPT OUT NOTICE: FORM A

Class settlement between some South African mining companies and gold mineworkers and/or their dependants for claims for exposure to silica dust or the contraction of silicosis and/or tuberculosis (TB)

This Form must only be completed if you are a current or former gold mineworker and you want to opt out of the settlement

Completing this form EXCLUDES you from the settlement class.

- (i) DO NOT use this form if you wish to remain as part of the settlement arrangement.**
- (ii) DO NOT use this form if you want to submit a claim to the Tshiamiso Trust.**

Full names and surname: _____ ID number: _____

Address: _____ (Postal Code)

Cell phone/Telephone: _____ Email: _____ (If available)

If you opt out of the settlement class, you will not be eligible to submit a claim to the Tshiamiso Trust and will not get any payment from the settlement.

If you opt out of the settlement class, you will not be legally bound by the settlement and will be entitled to pursue your claim individually in court.

YOUR EMPLOYMENT DETAILS

Name of Gold Mine(s) where you work or have worked	Your Employee number(s) at (each) Gold Mine where you work or have worked	Your period of employment at (each) Gold Mine

PLEASE SEND THE FOLLOWING SUPPORTING DOCUMENTS WITH THE COMPLETED OPT-OUT FORM A

1. A copy of your identity document **or** passport;
2. Your proof of residence;
3. A copy of your proof of employment (for example, a letter(s) of employment **or** payslip(s) **or** any other document(s) proving employment).

(If you do not have all the above documents, urgently contact the toll-free Call Centre on **0801 000 240** or send a "please call me" to **072 557 8077**.)

DECLARATION

I am 18 years or older. **I have read this document, I understand the legal consequences of signing this document and I am signing it freely.**

By signing below, I hereby declare under oath that:

1. I wish to opt out of the Class Settlement approved by the High Court on 26 July 2019, under Case Number 44060/18, on my own behalf;
2. I understand the consequences of my decision to opt out and that, by opting out, I cannot claim any compensation from the Tshiamiso Trust established in terms of the Class Settlement; and
3. I consent to this information being processed in accordance with the requirements of the Protection of Personal Information Act, No 4 of 2013.

Full Names & Surname

Signature

Date

Thus signed and sworn / affirmed to at _____ on this the ____ day of _____ 20 ____, the deponent having acknowledged that s/he knows and understands the contents of this affidavit, that it is both true and correct to the best of his/her knowledge and belief, that s/he has no objection to taking the prescribed oath / affirmation and that the prescribed oath/ affirmation will be binding on his/her conscience.

COMMISSIONER OF OATHS

FULL NAMES:

DESIGNATION:

ADDRESS: