

**SETTLEMENT CLASS OPT OUT NOTICE: FORM B**

*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**

- (i) a dependant of a deceased gold mineworker;**
- (ii) you are 18 years of age or older; and**
- (iii) 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 IN the settlement class.**
- (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.**

DETAILS OF THE DECEASED GOLD MINEWORKER	
Full Names and Surname	
Date of Birth	
Your relationship with the Deceased Gold Mineworker	

EMPLOYMENT DETAILS OF THE DECEASED GOLD MINEWORKER		
Name(s) of Mine(s) where the Deceased Gold Mineworker Worked	Employee number of the Deceased Gold Mineworker at (each) Mine	Period of Employment of the Deceased Gold Mineworker at (each) Mine

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

1. A copy of your identity document **OR** passport;
2. Your proof of residence;
3. A copy of the deceased gold mineworker's identity document **OR** passport;
4. A copy of the deceased mineworker's death certificate; and
5. A copy of the deceased gold mineworker's 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 and all other dependants of the deceased gold mineworker, by operation of law, cannot claim any monetary 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:**