

SETTLEMENT CLASS OPT OUT NOTICE: FORM C

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) the parent and/or guardian of a child who is under 18 years of age and is a dependant of a deceased gold mineworker; and**
- (ii) you are exercising the child's right to opt out of the Settlement**

In this form, the child who is a dependant of the deceased gold mineworker is called a "minor dependant".

Completion of this form EXCLUDES the minor dependant of the deceased gold mineworker from the settlement class.

- (i) DO NOT use this form if you want the minor dependant to remain IN the settlement class.**
- (ii) DO NOT use this form if you want to submit a claim to the Tshiamiso Trust on behalf of the minor dependant.**

DETAILS OF THE PARENT/ GUARDIAN

Full names and surname: _____ ID number: _____

Address: _____
(Postal Code)

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

If you opt-out of the settlement class on behalf of the minor dependant, no one will be eligible to submit a claim to the Tshiamiso Trust on behalf of the minor dependant and the minor dependant will not get any payment from the settlement.

If you opt out of the settlement class on behalf of the minor dependant, the minor dependant will not be legally bound by the settlement and you will be entitled to pursue his / her own claim individually in court on his / her behalf.

DETAILS OF THE MINOR DEPENDANT

Full Names and Surname	
Date of Birth	
Physical Address	
Relationship of the Parent / Guardian with the Deceased Gold Mineworker, if any	
Relationship of the Minor Dependant with the Deceased Gold Mineworker	

DETAILS OF THE DECEASED GOLD MINEWORKER

Full Names and Surname	
Date of Birth	

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 C

1. A copy of your identity document **OR** passport;
2. Your proof of residence;
3. A copy of the minor dependant's birth certificate **OR** identity document **OR** passport;
4. A copy of the deceased mineworker's identity document **OR** passport;
5. A copy of the deceased gold mineworker's death certificate; and
6. 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 am the parent and/or legal guardian of the minor dependant. **I understand the legal consequences of signing this document on behalf of the minor dependant.** I have read 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 behalf of the minor dependant;

2. I understand the consequences of my decision to opt out on behalf of the minor dependant and that by opting out, the minor dependant and any other dependants of the deceased gold mineworker, by operation of law, cannot claim any monetary compensation from the Tshiamiso Trust established under the 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: