

SETTLEMENT CLASS OPT OUT NOTICE: FORM D

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) an executor of a deceased gold mineworker's estate ("the Estate");**
- (ii) you have the appropriate letters of executorship; and**
- (iii) you want to opt out of the settlement on behalf the Estate.**

Completing this form EXCLUDES the Estate from the settlement class.

- (i) DO NOT use this form if you wish for the Estate 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 Estate.**

DETAILS OF THE EXECUTOR

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 Estate, the Estate will not be eligible to submit a claim to the Tshiamiso Trust.

If you opt-out of the settlement class on behalf of the Estate, the Estate will not be legally bound by the settlement.

DETAILS OF THE DECEASED GOLD MINEWORKER

| | |
|-------------------------------|--|
| Full Names and Surname | |
| Date of Birth | |
| Date of Death | |
| Physical Address | |

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

1. A certified copy of your identity document **OR** passport;
2. A certified copy of your letters of executorship;
3. Your proof of residence;
4. A certified copy of the deceased gold mineworker's identity document **OR** passport;
5. A certified 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 executor of the abovementioned deceased gold mineworker's estate. I **understand the legal consequences of signing this document on behalf of the Estate of the abovementioned deceased gold mineworker's estate**. 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 my behalf of the abovementioned deceased gold mineworker's estate;
2. I understand the consequences of my decision to opt out on behalf of the abovementioned deceased gold mineworker's estate and by opting out, the abovementioned deceased gold mineworker's estate and any dependants of the abovementioned deceased gold mineworker, by operation of law, cannot claim any monetary compensation from the Tshiamiso Trust established under 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: