

PLEASE READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

If you are making a claim for compensation from the Tshiamiso Trust, you are required to sign the form below.

You need to know that by signing this form after having submitted your claim for compensation, you are agreeing to the following:

- You will not be able to claim any additional money from the companies who are part of this settlement for your silicosis or TB claims. These are the companies that are part of the settlement: African Rainbow Minerals, Anglo American South Africa, AngloGold Ashanti, Gold Fields, Harmony and Sibanye Stillwater, and some of their affiliates.
- You will not be able to claim any additional money from the Tshiamiso Trust other than the compensation money to which you are entitled.
- You will not be entitled to further compensation if your condition subsequently progresses.
- You understand that a successful claim with the Tshiamiso Trust does not ensure that you will also be successful in claiming against the MBOD/CCOD.
- You agree that the Tshiamiso Trust may, where necessary to process your claim, request or share personal information, including relevant employment and medical information.
- You understand that you have been informed that this claiming process is free of charge, and no third party is entitled to any payment from you for submitting or processing your claim. Please immediately report any person demanding payment from you for this claims process to the Trust.
- A copy of the Trust Deed can be downloaded from the Trust's website or will be provided to you on request.

The form is written in legal language and you are entitled to ask any questions before you sign the form below or seek legal advice at your own cost should you wish.

DETAILS OF SETTLING CLAIMANT (INCLUDING DEPENDANT CLAIMANTS)

I, the undersigned,

Insert Full Name:	
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(Fill out 1 (one) of the following, as applicable)

South African Identity Number:		
Passport number:		Country of issue:
Employee/ industry number:		
Contact number:		
Physical address:		

I am submitting a claim to the Tshiamiso Trust:

(tick one of the following)(if you are submitting a claim in more than one capacity, please submit an additional separate form for the other capacity)

1.	In my own right as a gold mine worker engaged in risk work	
2.	As a dependant of a deceased gold mine worker engaged in risk work	
3.	As the executor of the estate of a deceased gold mine worker engaged in risk work	
4.	As the parent and / or guardian of a minor dependant of a deceased gold mine worker engaged in risk work	

RELEASE OF LIABILITY EXCEPT IN TERMS OF THE TRUST DEED

1	I acknowledge that I am bound by the settlement and terms set out in the Tshiamiso Trust Deed (the Trust Deed), the underlying settlement agreement (the Settlement Agreement) which contemplated the establishment of the Tshiamiso Trust (the Trust), and the Johannesburg High Court full bench judgment (the Judgment) certifying the class of settling claimants under case number 44060/2018 (Saflii citation: [2019] ZAGPJHC 260 (26 July 2019)).
2	I also acknowledge that I have no claim against the Trust, its employees and third-party contractors, or its trustees (the Trustees), except as expressly set out in the Trust Deed.
3	I also acknowledge that I have no claim or recourse of whatsoever nature against any of parties to the Settlement Agreement or the Claimants' Agent (as defined in the Trust Deed) arising from the terms of the Trust Deed or any failure by the Trustees to comply with terms of the Trust Deed or to conduct the affairs of the Trust in the manner required of them.

CONSENT TO THE COLLECTION AND STORAGE OF PERSONAL INFORMATION

- 4.** I understand and agree that the Tshiamiso Trust and its nominees may be required to collect and process personally identifiable information, including (without limitation) my special personal information (as defined in the Protection of Personal Information Act, 2013), and that personal information may, from time to time, be shared with certain persons in terms of the Trust Deed and the Settlement Agreement (including, without limitation, to and between, the parties to the Settlement Agreement, and their Affiliates, as defined in the Trust Deed) and such information may in appropriate circumstances reside outside of South Africa. I understand and agree that the Tshiamiso Trust and its nominees shall be entitled to transfer my personal information to such locations outside of South Africa and use my personal information in such locations.
- 5.** I understand and agree that the Tshiamiso Trust and its nominees may be required to use, disclose to and collect from industry databases, credit bureaus and other databases, including (without limitation) the databases of the Medical Bureau for Occupational Diseases (MBOD), the Compensation Commission for Occupational Diseases (CCOD), previous employers and/or pension or provident funds, personally identifiable information about me (including, without limitation, medical information and other special personal information, as defined in the Protection of Personal Information Act, 2013), and disclose that information to the parties to the Settlement Agreement, and I hereby authorise any person whom the Trustees or nominees contact in this regard to provide such information to them, where relevant and required.
- 6.** I understand and agree that Tshiamiso Trust and its nominees may be required to compile and disclose to any party to the Class Action Litigation my personal contact details which may be required pursuant to an order of court or for discovery in such proceedings.
- 7.** I understand and agree that the Tshiamiso Trust and its nominees (including, without limitation, the Trust's Claims Lodgment Officer) may collect and process my personally identifiable information, including (without limitation) biometric data.

IF YOU ARE 18 YEARS OR OLDER:

I am 18 years or older. **I understand the legal consequences of signing this document.** I understand that this document is written to be as broad and inclusive as legally permitted by the laws of South Africa. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Settling Claimant

IF THE SETTLEMENT CLAIMANT IS UNDER 18 YEARS OF AGE:

I am the parent and/or legal guardian of the Settling Claimant. **I understand the legal consequences of signing this document on behalf of the Settling Claimant.** I understand that this document is written to be as broad and inclusive as legally permitted by the laws of South Africa. I agree that if any portion is held invalid or unenforceable, I (and the Settling Claimant) will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of parent/guardian of Setting Claimant