

SCHEDULE D

***NOTICE FOR PURPOSES OF
MEDIATION/SETTLEMENT***

I (Name) of
..... (Postal Address) and
.....(email address),

CONFIRM THAT:

1. I believe that I am a Group Member for the purposes of Proceeding No. BS14484/24, in particular: (tick applicable)
 - Vaccine Refusal Group Member
 - Vaccine Coercion Group Member
 - Refused Medical Exemption Group Member

2. I wish to be noted as a Group Member for the purposes of any mediation and/or settlement negotiations that might occur between the Lead Plaintiffs and the Defendants.

Signed:

Dated: