

**SCHEDULE 5 TO
PROTOCOL FOR COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC-ELIGIBLE ECONOMIES**

**NOTICE OF APPEAL OF DENIED RECEIVABLE CLAIM
UNDER THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES**

IMPORTANT NOTICES/INSTRUCTIONS FOR CLAIMANTS:

1. When to Use this Form: Please only use and submit this Notice of Appeal form if you are appealing the denial of a Receivable Claim under the Program. If you are appealing the rejection of an Application on the grounds that it does not constitute a Receivable Claim under the Program, then (1) do not use this form and (2) please use the Notice of Appeal of Rejected Application (Deemed Not Receivable) available at www.covaxclaims.com. Please see Sections 6 and 8 of the Program's protocol for more information regarding the appeals process for denied Receivable Claims.
2. Accepted Languages: This Notice of Appeal must be completed and submitted in English, French or Spanish only. If this Notice of Appeal is completed or submitted in any other languages, it cannot be accepted or considered. However, any additional supporting documents permitted to be provided together with this Notice of Appeal (see paragraph 6 below) can be submitted in another language, if they are not available in either English, French or Spanish.
3. Claimant to Complete this Form: You should complete all sections/questions in this Notice of Appeal form. Please provide as much detail and information as possible.
4. Name, Signature and Date Required: You should insert your full name, sign and date in the spaces provided in Section G this Notice of Appeal form, before submitting it to the Administrator.
5. Failure: (i) to complete all sections in this Notice of Appeal form, or (ii) to sign, date and insert your full name in this form, will lead to the rejection of this Notice of Appeal or to delays in processing it.
6. Additional Supporting Documents Permitted: Together with this Notice of Appeal, you should provide any additional supporting documents or information that you wish the Appeals Panel to consider in connection with this appeal. Such additional supporting documents/information may include, for example: (a) copies of any relevant medical or other reports/evidence not previously submitted as part of the original Application; and/or (b) copies of any receipts or other proof of relevant medical expenses, including relevant hospital treatments, not previously submitted as part of the original Application.
7. Deadline for Submission: You must submit this Notice of Appeal form to the Program's Administrator within 90 days from the date of the Administrator's claim denial notification. If this Notice of Appeal is submitted after this deadline, it will not be accepted or considered under the Program.
8. How to Submit this Form: Once this Notice of Appeal form has been duly completed, signed and dated, you must submit this Notice of Appeal (together with any additional supporting documents) to the Program's Administrator, by any of the following means:
 - By uploading them to the Program's web portal, available at www.covaxclaims.com;
 - By emailing them to covaxclaims@esis.com; or
 - By sending them by regular mail to one of the Program's Regional Centers, whose addresses appear on Annex 2 (Contact Information of Regional Centers) attached to this form and are also available on the Program's web portal at www.covaxclaims.com.
9. Definitions: Capitalized terms used but not defined in this Notice of Appeal have the meaning given to them in the Program's Protocol, available at www.covaxclaims.com
10. What Happens Next? Please see Annex 1 attached to this Notice of Appeal for a brief overview of "what happens next" after this duly completed, signed and dated Notice of Appeal form has been submitted to the Program's administrator within the relevant deadline.

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Section A – Details of the Patient

Please set out below the requested details of the Patient.

The information to be provided in this Section A should be the same information as provided previously in Section 1 of the original Application.

First Name:	Middle Initial:	Last Name:
Home Address (including region and country):		
Home phone, if any:	Mobile phone, if any:	Email, if any:
Date of Birth (day/month/year):	Place of birth:	Sex:

Section B – Details of the person who has the legal power to submit this Notice of Appeal for the Patient (if that person is not the same as the Patient)

If the Patient: (a) has died; or (b) is disabled to the extent that the Patient cannot submit this Notice of Appeal himself; or (c) is a child; or (d) does not have legal capacity for any reason to submit this Notice of Appeal himself, then another person who has the legal power to submit this Notice of Appeal for the Patient must do so.

In the above cases, please provide below the details of the person with the legal power to submit this Notice of Appeal for the Patient.

IMPORTANT NOTE/INSTRUCTIONS:

1. The information provided in this Section B should be the same information as provided previously in Section 2 of the original Application, unless the person who submitted the original Application for the Patient *has changed*, in which case the *new person* having the legal power to represent the Patient must submit, together with this Notice of Appeal: (i) all information required under Section 2 of the Application form, and (ii) new documentation as required under Section 8(c) of the Application form.
2. If the original Application was submitted by the Patient himself, *but since that submission the Patient*: (a) has died, or (b) has become disabled to the extent the Patient cannot submit this Notice of Appeal form himself; or (c) has lost the legal capacity for any other reason to submit this Notice of Appeal form, then the individual submitting this Notice of Appeal for the Patient must also submit, together with this Form: (i) all information required under Section 2 of the Application form, and (ii) documentation as required under Section 8(c) of the Application form.

First Name:	Middle Initial:	Last Name:
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Home Address (including region and country):		
Home Phone, if any:	Mobile phone, if any:	Email, if any:
Date of Birth (day/month/year):	Relationship to the Patient:	

Section C – Details of the denied Receivable Claim

Please set out the details of the denied Receivable Claim to which this Notice of Appeal relates. The information requested in this Section C appears in the claim denial notification that was sent by the Program’s Administrator. The **information requested in this section is essential** for the appeal under this form to proceed.

If you believe that there is an error in the information contained in the claims denial rejection notification, please nevertheless use the information that appears in the claim denial rejection notification and, under Section D below, explain why this information is incorrect.

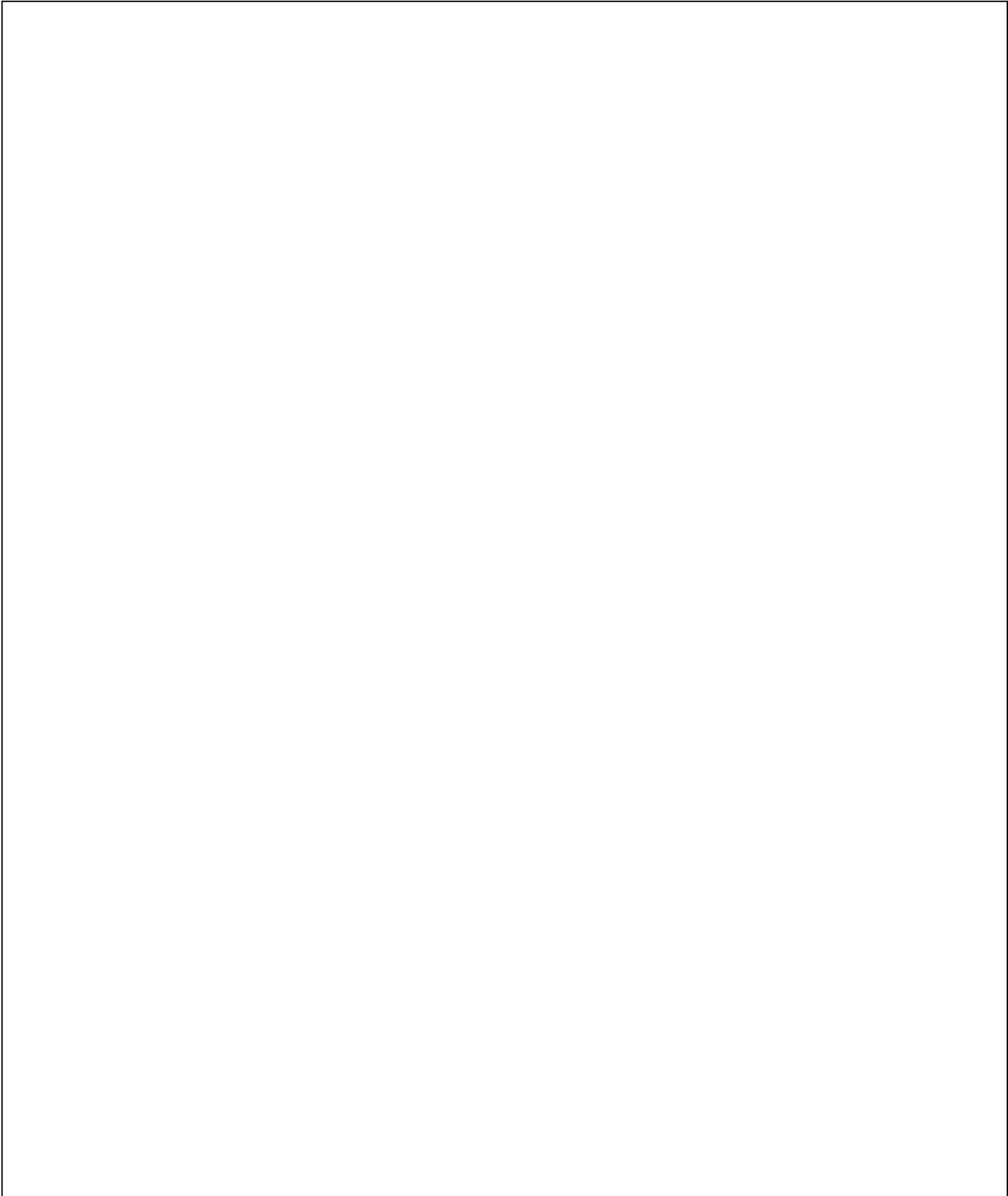
Application number	Date (day/month/year) of Application:
Location where Application was submitted:	Date (day/month/year) of Claim Denial Notification:

Section D – Reasons for appeal

In your own words, please set out in the box below the reasons why you consider that the Review Panel’s decision to deny your Receivable Claim is wrong. In particular, please address whether, in your opinion:

- (i) there has been a material (i.e. important) change in circumstances since the Review Panel’s decision was made; and/or
- (ii) the Review Panel’s decision was made without knowledge of relevant facts; and/or
- (iii) the Review Panel failed to properly consider relevant medical evidence; and/or
- (iv) the Review Panel failed to properly apply the Most Probable Cause standard of proof, i.e. in your opinion, the Vaccine or its administration is the most probably cause of the claimed Injury (as defined in the Protocol).

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Section E – Additional Supporting Documents

If you wish the Appeals Panel to consider any additional supporting documents and/or information in connection with this Notice of Appeal, then please **submit all such additional supporting documents and/or information together with (i.e., at the same time as) this Notice of Appeal.**

Such additional supporting documents/information may include, for example: (a) copies of any relevant medical or other reports/evidence not previously submitted as part of the original Application; and/or (b) copies of any receipts or other proof of relevant medical expenses, including relevant hospital treatments, not previously submitted as part of the original Application.

Section F – Certifications and Agreements

By signing and submitting this Notice of Appeal, the Patient (or the person having the legal power to submit this Notice of Appeal for the Patient, as the case may be) confirms all consents, agreements, certifications and declarations provided in Sections 10 to 13 of the original Application and acknowledges, agrees and certifies as follows:

- a. In the event of any conflict or inconsistency between the English language version of this Notice of Appeal and any translations hereof, the English language version shall control and prevail in all respects; and
- b. The statements, answers, documents and information contained in, or submitted in connection with, this Notice of Appeal are true and correct to the best of his/her knowledge and belief; and should any of those statements, answers, information or documents not be true, the Administrator shall have the right, where applicable, to refer this appeal to the relevant law enforcement authority for further investigation.

Section G – Signature, Name and Date

The Patient, or the person having the legal power to submit this Notice of Appeal for the Patient, has signed this Notice of Appeal as of the date set forth below.

Signature: _____

Full Name: _____

Date: _____

Place: _____

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**ANNEX 1
TO NOTICE OF APPEAL OF DENIED RECEIVABLE CLAIM**

What happens after this Notice of Appeal of Denied Receivable Claim has been duly completed and submitted?

1. Within 7 days after the Program's Administrator has received a duly completed, signed and dated Notice of Appeal of Denied Receivable Claim submitted within the applicable deadline, the Administrator will provide to the Program's Appeals Panel: (a) the Notice of Appeal (together with any documents that may be required pursuant to Section B, and any additional supporting documents submitted with the Notice Appeal), (b) the original Application and Supporting Evidence; and (c) any additional information or documentation that may have been requested by the Administrator and that was submitted in a timely manner to the Administrator as of the date of the claim denial notification.
2. Within 30 days of receipt of the above mentioned documentation, the Appeals Panel: (i) will review the Notice of Appeal (together with the other documents mentioned above), and (ii) on this basis, the Appeals Panel will make a determination of whether to uphold or reverse the denial of the Receivable Claim in question.
3. The Appeals Panel will communicate its determination to uphold or reverse the prior denial of the Receivable Claim (including the grounds for its determination) in writing to the Administrator as soon as the Appeals Panel has made a determination, and in any event within 7 days thereafter.
4. The Administrator will send you written notice of the Appeal Panel's determination to uphold or reverse a prior denial of the Receivable Claim, including the grounds thereof, as soon as possible after the Appeals Panel has submitted the determination to the Administrator, but no later than 14 days thereafter.
5. The decision of the Appeals Panel pursuant to this Notice of Appeal is final and cannot be appealed.

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ANNEX 2**

**CONTACT INFORMATION FOR REGIONAL CENTERS UNDER
THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES (THE “PROGRAM”)**

In the table below, you can find the names, addresses and direct (at-cost) telephone numbers (*) of the various Regional Centers under the Program where you can:

- A. contact the Program’s Administrator if you have any questions about the Program or need help in completing or submitting an Application Form or other Program Forms; and
- B. submit to the Program’s Administrator (by sending via registered mail): (1) your application materials (i.e., the Application Form on Schedule 2, the Supporting Evidence Form on Schedule 3, and all other documents required to be submitted under the terms of these forms); (2) the other Program forms; and (3) any other documents that are required or permitted to be submitted under the Program’s forms.

(*) There is also a Global Telephone Hotline for the Program, which is 1-833-276-8262. The telephone number for the Global Telephone Hotline may be toll-free or at-cost to you, depending on which AMC Eligible Economy you are calling from. You should verify whether or not any calling charges apply before calling the Global Telephone Hotline.

IMPORTANT NOTE: Each Regional Center listed below services only those AMC Eligible Economies that are listed on the right side of that Regional Center. Please ensure that you only contact, and that you only submit Program forms and other documents to, the correct Regional Center—i.e., the Regional Center that services the AMC Eligible Economy *in which the Vaccine was administered to you*, or to the Patient on whose behalf you are submitting an Application, as applicable.

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Regional Center Contact Information	AMC Eligible Economies Served by the Regional Center				
<p><u>South Africa</u> Crawford & Company PO Box 782023 Sandton 2146 South Africa +27 (0)11 463 5900</p>	1. Angola	9. Comoros	18. Ghana	27. Mali	35. Sierra Leone
	2. Benin	10. Congo, Dem Rep.	19. The Guinea	28. Mauritania	36. Somalia
	3. Burkina Faso	11. Congo Rep.	20. Guinea-Bissau	29. Mozambique	37. South Sudan
	4. Burundi	12. Côte d'Ivoire	21. Kenya	30. Niger	38. Sudan
	5. Cabo Verde	13. Djibouti	22. Lesotho	31. Nigeria	39. Tanzania
	6. Cameroon	14. Eritrea	23. Liberia	32. Rwanda	40. Togo
	7. Central African Republic	15. Eswatini	24. Madagascar	33. Sao Tome & Principe	41. Uganda
	8. Chad	16. Ethiopia	25. Malawi	34. Senegal	42. Zambia
		17. Gambia	26. Maldives		43. Zimbabwe
<p><u>Australia</u> Crawford & Company GPO Box 1016, Brisbane QLD 4004 Australia +61 7 3223 3100</p>	44. Fiji	49. Samoa		50. Solomon Islands	
	45. Kiribati	51. Tonga		52. Tuvalu	
	46. Marshall Islands	53. Vanuatu			
	47. Micronesia, Federated States				
	48. Papua New Guinea				
<p><u>Germany</u> Crawford & Company Werdener Strasse 4, 40227 Düsseldorf Germany +49 211 95456250</p>	54. Kosovo				
	55. Kyrgyz Republic				
	56. Moldova				
	57. Tajikistan				
	58. Ukraine				
	59. Uzbekistan				
<p><u>Mexico</u> Crawford & Company de México, S.A. DE C.V. Miguel Laurent No. 17 Piso, 601. Colonia Del Valle, Alcaldia Benito Juarez Ciudad De México C.P. 03200 Mexico +52 55 5093 6467</p>	60. Dominica	65. Honduras		66. Nicaragua	
	61. El Salvador	67. St. Lucia		68. St. Vincent and the Grenadines	
	62. Grenada				
	63. Guyana				
	64. Haiti				

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<p><u>Brazil</u> Crawford & Company Geraldo Flausino Gomes, 78 14º Andar Cidade Monções 04575-060 São Paulo Brazil +55-11-3879-7500</p>	<p>69. Bolivia</p>	
<p><u>Singapore</u> Crawford & Company 8 Shenton Way #03-01, AXA Tower Singapore 068811 Singapore +65 6632 863</p>	<p>70. Cambodia 71. Indonesia 72. Korea, Dem. People’s Rep. 73. Lao PDR</p>	<p>74. Myanmar 75. Timor-Leste 76. Vietnam</p>
<p><u>Hong Kong</u> Crawford & Company 24/F Sunshine Plaza, 353 Lockhart Rd, Wanchai Hong Kong +852 2526 5137</p>	<p>77. Mongolia 78. Philippines</p>	
<p><u>United Arab Emirates</u> Crawford & Company P.O. Box 2976 Dubai, United Arab Emirates +971 4 345 9541</p>	<p>79. Egypt, Arab Rep. 80. Syrian Arab Rep. 81. Yemen, Rep.</p>	

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<p><u>India</u> Puri-Crawford Unit No.1, First floor, Windsor Terrace, Above Hotel Samruddhi, Vishrantwadi, Pune, Maharashtra 411015 India +91 (020) – 26612524</p>	<p>82. Afghanistan 83. Bangladesh 84. Bhutan 85. India 86. Nepal 87. Pakistan 88. Sri Lanka</p>
<p><u>Israel</u> Crawford-Tossman No. 2 Choma Umigdal St., Tel Aviv, Israel, 6777102 +972 35 628 811</p>	<p>89. West Bank and Gaza</p>
<p><u>Belgium</u> Crawford & Company Jan Olieslagerslaan 41 1800 Vilvoorde Belgium +32 2 257 03 52</p>	<p>90. Algeria 91. Morocco 92. Tunisia</p>

[END OF NOTICE OF APPEAL OF DENIED RECEIVABLE CLAIM]