

**SCHEDULE 4 TO
PROTOCOL FOR COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC-ELIGIBLE ECONOMIES**

**NOTICE OF APPEAL OF REJECTED APPLICATION
UNDER THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES**

IMPORTANT NOTICES/INSTRUCTIONS FOR APPLICANTS:

1. When to Use this Form: Please use and submit this Notice of Appeal form only if you are appealing the rejection of the original Application on the grounds that it does not constitute a Receivable Claim under the Program. If you are appealing the denial of a Receivable Claim, then (1) do not use this form and (2) please use the Notice of Appeal for Denied Receivable Claims available at www.covaxclaims.com. Please see Sections 4 and 7 of the Program’s Protocol for more information regarding the appeals process for rejected Applications.
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.
3. Applicant 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 under Section F of this Notice of Appeal form, before submitting it to the Administrator.
5. Failure (i) to complete all sections under 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 form or delays in processing it.
6. No Additional Supporting Documents Permitted: Please do not provide or enclose any additional documents with this Notice of Appeal form (other than those that may be required pursuant to Section B). Only the following documents will be considered for purposes of this Notice of Appeal (in addition to that may be required pursuant to Section B): (i) this Notice of Appeal, (ii) the original Application form, (iii) the Supporting Evidence form, and (iv) any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner.
7. Deadline for Submission: You must submit this Notice of Appeal form to the Program’s Administrator within 90 days after the date of the Administrator’s notice of rejection of your Application. 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 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 website 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 (i.e., 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 NOTES/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 by 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.

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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):	Relationship to the Patient:	

Section C – Details of the rejected Application

Please set out the details of the rejected Application to which this Notice of Appeal relates. The information requested in this Section C appears in the Application rejection notification that was sent to the Applicant by the Program’s Administrator. The **information requested in this section is essential** for the appeal of the rejection of the original Application to proceed.

If you believe that there is an error in the information contained in the Application rejection notification, please nevertheless use the information that appears in the Application 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 Application Rejection Notification:

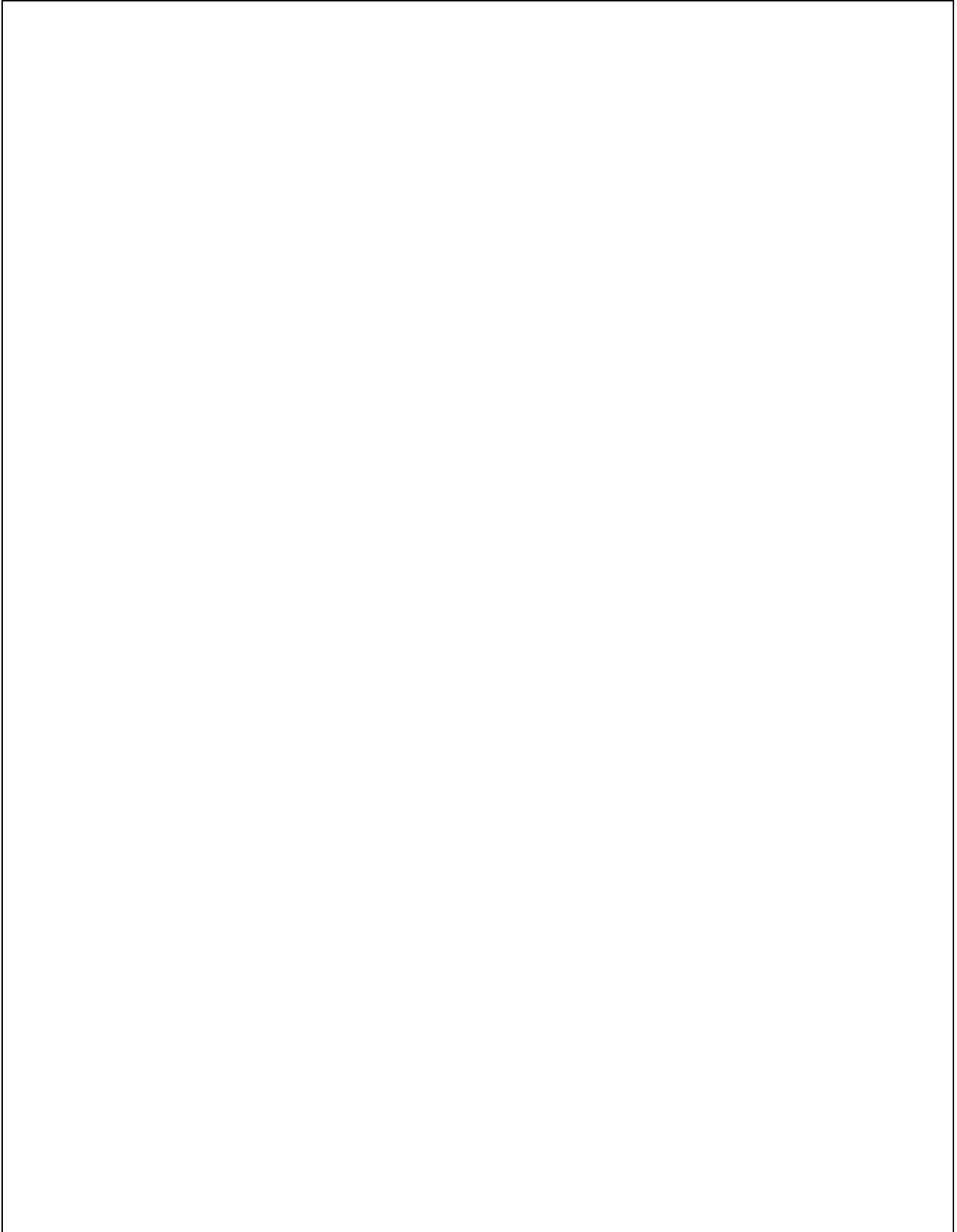
Section D – Reasons for appeal

In your own words, please set out in the box below the reasons why you consider that the Application should be Receivable under the Program.

Please do not refer to any documents or evidence, except for (i) the original Application form, (ii) the Supporting Evidence form, and (iii) any additional information and/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 Application rejection notification.

Please do not attach any documents to this Notice of Appeal.

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Section E – Certifications and Agreements

By signing and submitting this Notice of Appeal , the Applicant 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 and answers contained in this Notice of Appeal are true and correct to the best knowledge and belief of the Applicant; and should any of those statements or answers 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 F – Signature, Name and Date

The Applicant (i.e., the Patient or the individual submitting this Application on behalf of the Patient, as applicable) has signed this Notice of Appeal of Rejected Application as of the date set forth below.

Signature: _____

Full Name: _____

Date: _____

Place: _____

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**ANNEX 1
TO NOTICE OF APPEAL OF REJECTED APPLICATION**

What happens after this Notice of Appeal of Rejected Application 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 Rejected Application submitted within the applicable deadline, the Administrator will provide the Notice of Appeal (together with any documents that may be required pursuant to Section B, the original Application, the Supporting Evidence form, and any additional information and/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 Application rejection notification) to the Administrator's Vice President of Risk Consulting.
2. Within 30 days of receipt, the Administrator's Vice President of Risk Consulting: (i) will review the Notice of Appeal of Rejected Application, together with the other documents mentioned above, and (ii) on this basis, he will make a determination of whether to uphold or reverse the prior rejection of the Application in question.
3. The Administrator's Vice President of Risk Consulting will communicate his determination to uphold or reverse a prior rejection of an Application (including the grounds for his determination) in writing to the Administrator as soon as he has made a determination, and in any event within 7 days thereafter.
4. The Administrator will send the Applicant a written notice of the above mentioned determination, including the grounds thereof, as soon as possible after the Vice President has submitted this determination to the Administrator, but no later than 14 days thereafter.
5. The decision of the Administrator's Vice President of Risk Consulting pursuant to this Notice of Appeal is final and cannot be appealed.

**SCHEDULE 4 TO
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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.

Regional Center Contact Information	AMC Eligible Economies Serviced by the Regional Center				
South Africa Crawford & Company PO Box 782023 Sandton 2146 South Africa +27 (0)11 463 5900	1. Angola 2. Benin 3. Burkina Faso 4. Burundi 5. Cabo Verde 6. Cameroon 7. Central African Republic 8. Chad	9. Comoros 10. Congo, Dem Rep. 11. Congo Rep. 12. Côte d'Ivoire 13. Djibouti 14. Eritrea 15. Eswatini 16. Ethiopia 17. Gambia	18. Ghana 19. The Guinea 20. Guinea-Bissau 21. Kenya 22. Lesotho 23. Liberia 24. Madagascar 25. Malawi 26. Maldives	27. Mali 28. Mauritania 29. Mozambique 30. Niger 31. Nigeria 32. Rwanda 33. Sao Tome & Principe 34. Senegal	35. Sierra Leone 36. Somalia 37. South Sudan 38. Sudan 39. Tanzania 40. Togo 41. Uganda 42. Zambia

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					43. Zimbabwe
<p>Australia Crawford & Company GPO Box 1016, Brisbane QLD 4004 Australia +61 7 3223 3100</p>	<p>44. Fiji 45. Kiribati 46. Marshall Islands 47. Micronesia, Federated States 48. Papua New Guinea</p>	<p>49. Samoa 50. Solomon Islands 51. Tonga 52. Tuvalu 53. Vanuatu</p>			
<p>Germany Crawford & Company Werdener Strasse 4, 40227 Düsseldorf Germany +49 211 95456250</p>	<p>54. Kosovo 55. Kyrgyz Republic 56. Moldova 57. Tajikistan 58. Ukraine 59. Uzbekistan</p>				
<p>Mexico 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>	<p>60. Dominica 61. El Salvador 62. Grenada 63. Guyana 64. Haiti</p>	<p>65. Honduras 66. Nicaragua 67. St. Lucia 68. St. Vincent and the Grenadines</p>			
<p>Brazil 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>Singapore Crawford & Company 8 Shenton Way #03-01, AXA Tower Singapore 068811 Singapore +65 6632 8639</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>Hong Kong Crawford & Company 24/F Sunshine Plaza, 353 Lockhart Rd, Wanchai</p>	<p>77. Mongolia 78. Philippines</p>				

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<p>Hong Kong +852 2526 5137</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>
<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 REJECTED APPLICATION]