

**JUNIOR MEDICAL OFFICERS UNROSTERED UNPAID OVERTIME CLASS ACTION  
(VID705/2022)**

**NOTICE OF OBJECTION TO PROPOSED SETTLEMENT**

The person identified below:

1. Is a group member in the Class Action;
2. Wishes to object to the proposed settlement of the Class Action.

**Details of objector**

Name:

Postal address:

Email address:

Telephone:

**Grounds of objection**

I object to the proposed settlement for the following reasons:

I [do/not] intend to appear at the settlement approval hearing. I [will/will] not be represented by a lawyer.

Signature .....

Date .....