



**Reparations Package Proforma Agreement**

I,  (Case No. ) from **Anawe Village, Porgera**, acknowledge that the following reparations package has been discussed with me, and that I am satisfied with the proposed reparations package being offered.

**SUMMARY OF REPARATIONS PACKAGE COMPONENTS**

**Part A Components**

| REPERATION                          | DETAIL  | VALUE (PGK)            |
|-------------------------------------|---|------------------------|
| <b>Medical</b>                      | Full Medical Check Up paid directly to service provider   | 400                    |
|                                     | Associated Medical Support to be provided to Service Provider   | 200                    |
| <b>Counselling</b>                  | 12 sessions available to be provided directly to Service Provider   | 540                    |
| <b>Business Grants and Start Up</b> | Available only subject to completion of Business training and is non transferable                           | 15,000                 |
| <b>Business Training</b>            | To be paid directly to Service Provider   | 180                    |
| <b>Transport Allowance</b>          | Related to Training in Porgera area Only if living outside of Porgera – for 12 trips related to counselling | To be provided by PRFA |

**Total Part A : K16,320.00**

**Part B Components**

| REPERATION                  | DETAIL   | VALUE (PGK)  |
|-----------------------------|--|--------------|
| <b>Financial Substitute</b> | Financial Supplement   | K4100        |
| <b>School Fees</b>          | Fees for 3 children ( need to confirm information with claimant for fees payment | 300x3 = K900 |

**Total Part B : K5000**

**Total Value cost : K21,320.00 Overall value of claimant package**



I understand and acknowledge that a formal settlement agreement including the Reparations Package outlined above will now be prepared and provided to me for consideration and signing.

Claimant Name: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ (CAT Officer)

Witness Signature: \_\_\_\_\_