PROOF OF CLAIM AND RELEASE

IF YOU PURCHASED THE SECURITIES OF BARRICK GOLD CORPORATION ("BARRICK") ON THE NEW YORK STOCK EXCHANGE AND/OR THE TORONTO STOCK EXCHANGE BETWEEN FEBRUARY 14, 2002 AND SEPTEMBER 26, 2002, INCLUSIVE ("CLASS PERIOD"), YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

TABLE OF CONTENTS

SECTION A - CLAIMANT INFORMATION .......................................................... 2
SECTION B - SCHEDULE OF TRANSACTIONS IN BARRICK SECURITIES ..................... 3
SECTION C - RELEASE AND SIGNATURE ....................................................... 4
SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:
The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: ( ) - Evening Telephone Number: ( ) -

Email Address:

EMAIL ADDRESS IS NOT REQUIRED, BUT IF PROVIDED YOU AUTHORIZE THE CLAIMS ADMINISTRATOR TO USE IT IN PROVIDING YOU WITH INFORMATION RELEVANT TO THIS CLAIM.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-397-6086, or visit their website at www.gardencitygroup.com, to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.
# SECTION B - SCHEDULE OF TRANSACTIONS IN BARRICK SECURITIES

1. **BEGINNING HOLDINGS:** Number of shares of Barrick securities held at the close of trading on **February 13, 2002.** (If none, write 0), (If other than zero, must be documented):

2. **PURCHASES:** Please list all purchases of Barrick securities on the New York Stock Exchange and/or the Toronto Stock Exchange between **February 14, 2002** and **September 26, 2002,** inclusive. (Persons who received Barrick securities during the Class Period other than by purchase are not eligible to submit claims for those transactions) (must be documented):

<table>
<thead>
<tr>
<th>Date(s) of Purchase (List Chronologically) (Month/Day/Year)</th>
<th>Number of Shares of Securities Purchased</th>
<th>Purchase Price Per Share of the Security</th>
<th>Aggregate Cost (including commissions, taxes, and fees)</th>
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3. **PURCHASES:** Please list the number of shares of Barrick securities purchased between **September 26, 2002** and **December 24, 2002,** inclusive:

4. **SALES:** Please list all sales of Barrick securities between **February 14, 2002** and **December 24, 2002,** inclusive. (If none, write “zero” or “0”) (If other than zero, must be documented):

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<tr>
<th>Date(s) of Sale (List Chronologically) (Month/Day/Year)</th>
<th>Number of Shares of Securities Sold</th>
<th>Sale Price Per Share of the Security</th>
<th>Amount Received (net of commissions, taxes, and fees)</th>
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5. **UN SOLD HOLDINGS:** Number of shares of Barrick securities held at the close of trading on **December 24, 2002** (If none, write 0), (If other than zero, must be documented):

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**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX □**

**IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**
SECTION C - RELEASE AND SIGNATURE

1. I affirm that I purchased the securities of Barrick Gold Corporation on the New York Stock Exchange and/or the Toronto Stock Exchange between February 14, 2002 and September 26, 2002, inclusive. (Do not submit this Proof of Claim if you did not purchase Barrick securities during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Proposed Settlement of Class Action, Settlement Fairness Hearing and Motion for Attorneys’ Fees (the “Notice”), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase of Barrick securities on the New York Stock Exchange and/or the Toronto Stock Exchange during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker’s confirmation slips, stockbroker’s statements, or other documents evidencing each purchase, sale or retention of Barrick securities listed herein in support of my claim.

IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

7. I hereby acknowledge that, upon the occurrence of the Effective Date, by operation of law, I on behalf of myself and on behalf of my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, I on behalf of it, him, her or them and on behalf of its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) shall fully and completely release, remise and discharge each of the “Released Parties” of all “Released Claims,” as defined in the Notice.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

(Sign your name here)

(Type or print your name here)

(Joint owner sign your name here)

(Joint owner type or print your name here)

(Capability of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)
ACCURATE CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST

1. Please sign the Certification Section of the Proof of Claim and Release form.

2. If this claim is made on behalf of joint claimants, then both must sign.

3. Please remember to attach supporting documents.

4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.

5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.

6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at 1-866-397-6086.

7. If you move, please send us your new address.

8. Do not use highlighter on the Proof of Claim and Release form or supporting documentation.

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN OCTOBER 23, 2009 AND MUST BE MAILED TO:

Wagner v. Barrick Gold Corp., et al.
Claims Administrator
C/o The Garden City Group, Inc.
PO Box 9353
Dublin, OH 43017-4253