



SOUTH AFRICAN HERITAGE RESOURCES AGENCY  
 111 HARRINGTON STREET, CAPE TOWN, 8001  
 PO BOX 4637, CAPE TOWN, 8000  
 TEL: 021 462 4502 FAX: 021 462 4509

**FOR OFFICIAL USE ONLY:**  
 File No.: .....  
 Date received: .....  
 Date approved: .....  
 Applicant: .....  
 Site / Object: .....  
 Permit No.: .....

**APPLICATION FOR PERMIT:  
 BURIAL GROUNDS AND GRAVES**

Please note: Permit Applications expire one year after the date of receipt.

*In terms of Section 36 (3) of the National Heritage Resources Act, 1999 (Act No. 25 of 1999) no person may, without a permit issued by the relevant heritage resources authority:*  
 (a) destroy, damage, alter, exhume or remove from its original position or otherwise disturb the grave of a victim of conflict, or any burial ground or part thereof which contains such graves;  
 (b) destroy, damage, alter, exhume or remove from its original position or otherwise disturb any grave or burial ground older than 60 years which is situated outside a formal cemetery administered by a local authority; or  
 (c) bring onto or use at a burial ground or grave referred to in paragraph (a) or (b) any excavation equipment, or any equipment which assists in the detection or recovery of metals.

Other application forms are available for archaeological and palaeontological material and sites (302), for shipwrecks (303), for the export or sale of heritage objects including archaeological and palaeontological material, material from shipwrecks and meteorites (304), for the built environment and landscape (307) or the registration of private collections (402).

**Applicants are advised that without full details no permit may be issued.**

**A. DETAILS OF APPLICANT AND OTHER RELEVANT PEOPLE**

1. Name and address of archaeologist or person who is to be responsible for the action(s): .....

.....**Dr Edward Matenga**.....

.....**8843 Odessa Crescent** .....

.....**Cosmo City Ext 7, Northriding 2188**.....

Phone: (H) ..... (W) ..... (C) ..**073 981 0637**.....

Fax: ..... E-mail: ....**e.matenga598@gmail.com**.....

Identity number of applicant (or passport): ..**630906 5352 188**.....

2. Qualifications and relevant experience:....**PhD in Archaeology, have salvaged several archaeological graves.**

3. Name & address of a person who can serve as a reference:....**Dept. of Anthropology & Archaeology, University of Pretoria, Cell: 082 786 6137**.....

4. Name and address of owner of the land:

.....**Kitso Mine, Tsantsabane Local Municipality, Northern Cape Province**.....

Phone: (H) ..... (W) ..... (C) ....**072 903 7844**.....

Fax: ..... E-mail: .....

Identity number: .....

5. Name & address of planning authority (where relevant):.....N/A.....

Phone: (H) . . . . . (W) . . . . . (C) .....

Fax: . . . . . E-mail: .....

6. Have arrangements been made to cover the cost of the action(s) (Please circle as appropriate):

YES NO

7. Name and address of the South African scientific institution (if applicable) that will curate the material recovered if it cannot be re-interred:.... N/A.....

**B. DETAILS OF GRAVE OR BURIAL GROUND**

8. Name(s) of place: . Kitso Mine Old Burial Ground.....

9. Is the grave/ burial ground that of - victim(s) of conflict? (Please circle as appropriate)

and/or – Old Burial connected with early to mid-20<sup>th</sup> century mining/burials older than 60 years?

and/or has the grave been - found accidentally during the course of development?

10. Brief description: ...Human skeletal remains accidentally exposed ..... \* Please supply details on a separate sheet of paper if necessary.

11. Evidence for date of grave(s)\* :..Inscriptions on the graves, HIA Report by Archaeologist P. Beaumont (2008).....

12. Geographical situation of site or object (Please mark general location of grave(s) on a photostat of at least a 1:50 000 map) (NB)

Province: . . . NC. . . . .

Magisterial district: . . Tsantsabane Local Municipality . (NC). . . . . 1: 50 000 Map number: .....

Latitude & Longitude: .Lat: 28° 2'21.74"S; Long : 23° 1'53.45"E. Recording method (GPS, Trig., Other) : .....

Farm Name and No.: . . . . . / Town: .....

Nearest Town: . . Postmasburg. . . . . / Street address & Erf #: .....

13. If it is a national or provincial heritage site / object, the number and date of the notice in the Government Gazette: .....

**C. REASON FOR APPLICATION**

14. Purpose of and reasons for application\*

.....Application to undertake rehabilitation of accidentally disturbed graves..... \* Please supply full motivation and supporting documentation.

15. Period for which permit is required (Permits are not normally issued for periods longer than three years):

From.....Dece 2018..... To . . . . . May 2019. . . . .

16. Nature of activity. Please circle the appropriate activities below

**Destruction or Damage\* Alteration\*** (e.g. Restoration)

**Rehabilitation of burial ground**

**Excavation\* Bring into use a metal detector or other equipment\*\***

**Other\***

*Please supply extra details on a separate sheet of paper\*:*

**D. PREREQUISITES FOR PERMIT**

17. Please indicate what arrangements have been made for the exhumation and re-interment of the contents of the grave(s)\* **N/A**

*\* Supply copies of documentation and details on a separate sheet of paper*

18. Please give details of consultation with communities and individuals who by tradition have an interest in the grave(s), and of the agreement reached with such communities and individuals *(as required by the Act 36 and the relevant Regulations Chaps IX and XI).*

**Initially to lay down rules of engagement & and institute a grievance procedure.....**

*..... \* Supply copies of documentation and details on a separate sheet of paper*

**I, ...Edward Matenga .....undertake strictly to observe the terms, conditions, restrictions, regulations and guidelines under which the Council may issue the permit to me.**



**Signature:** ..... **Place:** ..... **Fourways, JHB**.....

**(Applicant) Date:** ....03 November 2018.....

**I, ...Maremane Community Property Association ..... hereby give permission for the above actions to be undertaken.**

**Signature:** .....(see attached signed letter of consent)..... **Place:** .....

**(Landowner) Date:** .....

**I, ...N/A.....Head of .....N/A..... (institution) hereby undertake to store in our institution the relevant material and records.**

**Signature:** ..... **Date:** .....

**(Head of Institution)**

From May 2006, certain permit applications submitted to the South African Heritage Resources Authority, SAHRA, in terms of the National Heritage Resources Act (Act No 25 of 1999) must be accompanied by payment of the appropriate fee (PTO).

## Application Form 305

Permit Applications made on **SAHRA APM Permit Form No 305** will carry the following fees:

<b>1. Permits issued by SAHRA Archaeology, Palaeontology &amp; Meteorite Unit (APM) Unit for burials</b>	<b>Fee</b>	<b>*Application Code</b>
i. Application fee for burials disturbed or relocated in terms of s.36 in consequence of development;		<b>*AP305BUR</b>
ii. Application fee for accidentally discovered burials disturbed or relocated in terms of s.36;		<b>*AP305BAE</b>
<b>2. Permits issued for Victims of Conflict in terms of s.36;</b>		<b>*AP305EXE</b>

**Kindly ensure that you supply the Application Code (see table above\*) followed by the surname of the permit applicant, in the reference section of the bank deposit slip.**

For example, AP305BUR MGUNI would be entered in the reference section of the bank form for an application for restoration or relocation of a grave from an applicant with the surname Mguni.

Charges may be waived, at the discretion of SAHRA Chief Executive Officer, for certain permit applications.

It should be NOTED that SAHRA may, in terms of section 3 of the SAHRA permitting regulations, require that a financial deposit be lodged with SAHRA to safeguard a heritage resource until satisfactory completion of the action for which the permit is required.

**PAYMENT may be made** by depositing the relevant amount into the SAHRA bank account and faxing or producing the proof of payment (i.e., stamped deposit slip, internet banking confirmation, etc.), OR through Internet Banking and emailing or faxing proof of payment, OR by cheque, on application.

PLEASE TAKE NOTE THAT APPLICATIONS NOT ACCOMPANIED BY A PAYMENT OR PROOF OF PAYMENT MAY NOT BE PROCESSED UNLESS EXEMPTED ABOVE OR BY SAHRA.

### **SAHRA BANKING DETAILS:**

**South African Heritage Resources Agency**

**ABSA Bank, Adderley Street; Cape Town**

**Bank Code: 63 2005; Account Number: 40-6416-0070.**

Should you have any queries please contact the appropriate unit via: SAHRA, PO Box 4637, Cape Town 8000; or by email at [info@sahra.org.za](mailto:info@sahra.org.za); or Tel: 021 462 4502; Fax: 021 462 4509.