APPENDIX E: NEXT OF KIN, REQUEST TO RELOCATE FORMS

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

Full names: Abraham Ponoki Motjola Title: Mr
IDNr: 6804165844084
Address: Marikana North, House 258
Tel. No.: 073589 4815
Email Address:
Relationship to deceased:

PARTICULARS OF DECEASED:

Full names: Dikeledi (surname Unknown) sex Female
Date of death" Age at death:
Grave number and present place of burial: K3 Dam cemetery
Responsible Local Government: Bojanala Local Municipality Place where human remains are to be re-interred: Marikana Municipal
Place where human remains are to be re-interred: Marikana Municipat
Cometry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration
with Doves Funeral Undertakers, Rustenburg

Precaution which will be taken to prevent any danger to health or cause for offence: All actions will be according to cultural and religious requirements expressed by the affected families who will be in attendance. Full Personal Protection Equipment will be worn by all persons attending. Remains will be sealed in a body bag in the grave and such will be placed in a coffin at the grave site before being removed by a hearse.

EXHUMATIONS ORDINANCE NO. 12 OF 1980

- (2) Any person desirous of obtaining the written approval contemplated by subsection
- (1) (a) shall make written application therefor and shall-
- (a) in such application-
 - (i) state where the body which is to be exhumed, disturbed, removed or re-interred
- is
- interred and if and where such body is proposed to be re-interred;
- state the reasons for the proposed exhumation, disturbance, removal or reinterment, and
- (iii) specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and

(b) together with such application-

 submit a medical certificate as to the date and cause of death or a certified copy of

such a certificate;

- (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (*bb*) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
- (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
- (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.

(3) Where any medical certificate or written approval contemplated by subsection (2) is not or cannot

be obtained or is not granted, the written application contemplated by that subsection shall be accompanied by—

- (a) full details of the efforts made to obtain such certificate or approval, and
- (*b*) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (*a*).
- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions
- as
- the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—
- (a) vary any condition so imposed, and
- (b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
Elsie (2)	rtic	yolo	36031603	50282 E.L.	masolo
(3)	en (lemba	6209345	927083	
(4)					
Particip	bation an	d Social Consulta	tion process was cor	 Yes – a Grave Relocation inducted and full participation 	n of affected
to remo	ove			on(s): Yes – refer attached I	
graves					
CERTIFI	ED COP	IES OF THE FOL	LOWING DOCUME	NTS MUST BE SUBMITTE	D AS PART OF
E	3. Identi	certificate of the fication document	of the applicant		
C	C. Marria	age certificate of t	he applicant/ proof of	f customary marriage (where	e applicable)

D. Affidavit from police indicating the consent by family

I, the undersigned <u>Abraham Ponoki Motjola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

arikana this 26 day of 02 2016 Signed at

Signature of Applicant

Forming that the deponent has acknowledged that he / she knows and understands the contents of the declaration and that he / the / has not any objection to the taking of the cath and the cath is binding / net binding on his / her conscience. The cath / affirmation was administered by me and the deponent's signature / mark was adhered in my presence at
Dar CH Joban Steenberg - Commissioner of Oaths Ref No. 9/1/6/2 Pretoria - Ex Officio - Republic of South Africa Profiles Risk Analysis cc, 32 Panorama, Faeris Glan 0043 Contact No. +27 82 410 1527 Email - disteenberg@gmail.com

D.No 0416 GEREGISTREERDE WOON- EN POSADRES 1 Bewaar die bewys van u GEREGISTREERDE WOON POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN N/SURNAME 2. Indien u van adres verander het, of indien besonderhede huidige adres, bit streathaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERINGBORNAME/ FORENAMES in die sakkie agter in die identiteitsdokument is, gebruik word er verandering aan te meld en moet dit ingedien word by of gebos ABRAHAM PONOK I aan die naaste streek distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH Solar. SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS EBOORTEDATUM 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. A been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to reitie change and it must be handed in at or posted to the new regional district office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 2.26 UITGEREIK OP GESAG VAN DIREKTEUR-GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY OF DIRECTOR GENERAL HOME AFFAIRS

Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die I certify that this document is a true reproduction/copy of the oorspronklike wat deur my persoonlik besigtig is an dat volgens my original which was examined by me and that from my observations, ings, on berspronklike nie op enige wyse gewysig is nie. the original has not been altered in any manner. waarnennes, 2Q2 30 2 ng/Signature Datum/Date es 3 0 201 ÉCO

M.

Abraham Ponoti Matiola Herewith I (full names and surname) ID no 68 04 1658 40

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

I certify that the deponent has acknowledged that he i sh knows and understands the contents of the operand in Broke that he /-che / has not any objection to the taking of the oath and the oath is binding / not binding on his / her conscience. The cath / affirmation was adm/nistered by me and the deponent's signature / mark was adhered in my ice al of the year - Steenberg - Commissioner of Oaths Daniel A STATE 0/1/8/2 Pretoria - Ex Officio - Republic of South Africa Ref No. Profiles Fisk Analysis co, 32 Panorama, Faerie Gien 0043 Contact No. +27 82 410 1527 Email - disteenberg@gmail.com

AF	FIDAVIT
FIRST NAME & SURNAME Abrah	am Ponoki Motjela
ID NO. 680416 5844 084 RAC	
RESIDENTIAL ADDRESS: 204 110	
RESIDENTIAL ADDITEOU. ROL 10	per coor
TELEPHONE NUMBER: 073 589	4 815
BUSINESS ADDRESS:	
OCCUPATION:	
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The grave yard of the	Following Thapida Esterhuizer
Jack Agomoka Evelyn 1	Majola and 3 unknown graves
and will be relocated	ad Markana and Christina
Esterheizen will be le	ocated to Thathoganyane
and D. Majola, Senny	Boy Majola and Pauline Majola
will be relocaded to Han	amenskroel //
	/
I know and understand the contents of	of this declaration
I have no obligation for undertaking th	ne prescribe oath.
I consider the prescribe oath to be bir	nding on my consequences.
	GAMA
	DEPONENT'S SIGNATURE
I certify that the above statement was tal that he/she knows and understand the co me and the deponent's signature was pla Montone on (date) 20	ken by me and that the deponent has acknowledge ontents of this statement which was sworn to before ace thereon in my presence at (place)
at (time) 11:25	Allaka CST
	(Signature) Commissioner of Oath
TIRELO YA MAPODISI A AFRIKA BORWA	Mosto Kabela
WONDER KOP SATELITE	Full first name and surname in block letters
2015 -09- 2 2	72032221-9
MARIKANA	Service:
SUID AFRIKAANSE POLISIEDIENS SOUTH AFRICAN POLICE SERVICE	Clast

.

Rank

1.50

Delivery by Hand

Attention:

- 1. Mr Temba Motlalepule (078 334 0284)
- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

Re: Permission for Lonmin to relocate the graves from the Karee Return Water Dam to legitimate grave yards

I, (name) <u>Abraham Ponoki</u> (surname) <u>Motjola</u> hereby acknowledge that Lonmin Platinum Marikana, will undertake the responsibility of exhuming and relocating the below mentioned graves to the below mentioned areas / grave yards:

- Marikana:
 - o Thapita Esterhuizen,
 - o Jack Ngamako,
 - o Evelyn Majola and
 - o 3 x unknown graves
- Tlhatlhaganyane:
 - o Christina Esterhuizen
- Hammanskraal:
 - o D Majola,
 - Sonny Boy Majola, and
 - o Pauline Majola.

Signature of family member authorising the exhumation and relocation

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

Full names: Abraham Ponoki Motjola Title: Mr
IDNr: 6804165844084
Address: Marikana North, House number 258
Tel. No: 0735894815
Email Address:
Relationship to deceased: Grand mother

PARTICULARS OF DECEASED:

Full names: Evelyn Majola Sex Female
Date of death" 1975 Age at death:
Grave number and present place of burial: K3 Dam cemetery
Responsible Local Government: Bojanala Local Municipality
Place where human remains are to be re-interred: Marikana Municipal
Cemetry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration
with Doves Funeral Undertakers, Rustenburg

Precaution which will be taken to prevent any danger to health or cause for offence: All actions will be according to cultural and religious requirements expressed by the affected families who will be in attendance. Full Personal Protection Equipment will be worn by all persons attending. Remains will be sealed in a body bag in the grave and such will be placed in a coffin at the grave site before being removed by a hearse.

EXHUMATIONS ORDINANCE NO. 12 OF 1980

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- (1) (a) shall make written application therefor and shall-
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is

- (i) state where the body which is to be exhumed, disturbed, removed or re-interred
 - interred and if and where such body is proposed to be re-interred;
- state the reasons for the proposed exhumation, disturbance, removal or reinterment, and
- (iii) specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and

(b) together with such application-

 submit a medical certificate as to the date and cause of death or a certified copy of

such a certificate;

- (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (bb) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
- (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
- (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.

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- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions

as

- the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—
- (a) vary any condition so imposed, and
- (b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
Elsie (2)	May	olo 30	0.316050208	9 Eili	Mayolo
SIDWC	in Te	embq	62092459	27083	-
(4)	_				
Partici	pation and	Social Consulta	tion process was con): Yes – a Grave Relocatior ducted and full participatior	of affected
familie	s was ens	ured			
Have they to rem		d to the exhumat	ion? If not give reaso	n(s): Yes – refer attached le	etters of consent
graves	s				
CERTIF				ITS MUST BE SUBMITTEI	

I, the undersigned <u>Abraham Ponok</u> <u>Matiola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

avikana this 26 day of 02 2016 Signed at

Signature of Applicant

r certify that the deponent has acknowledged that he she knows and understands the contents of the contents and that he /-she / has not any objection to the taking of the oath and the oath is binding / not binding on his / her conscience. The oath /-affirmation was adm/nistered by me and the deponent's signature /-mark was adhered in my Kan ion this 26f 0->1 presence at... Yav 2016 of the year ... Johann Steenberg - Commissioner of Oaths Danie Ref No. B 1/2/2 Pretorie - Ex Officio - Republic of South Africa Profiles Risk Analysis co, 32 Panorama, Faerle Gten 0043 Contact No. +27 82 410 1527 Email - disteenberg@gmail.com

D.No. 680416 5844 08 4 GEREGISTREERDE WOON- EN POSADRES 36 1. Bewaar die bewys van u GEREGISTREERDE WOON POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN IN SURNAME 2. Indien u van adres verander het, of indien besonderhede huidige adres, bit streatmaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERINGGORNAME/FORENAMES in die sakkie agter in die identiteitsdokument is, gebruik word ov verandering aan te meld en moet dit ingedien word by of gepos ABRAHAM PONOK I aan die naaste streek distrikkantoor van die DEPARTEMENT EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH the an SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS EBOORTEDATUM 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. . . been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to re-tile change and it must be handed in at or posted to the neg-regional distinct office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 10.005 UITGEREIK OP GESAG DIREKTEUR GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY DIRECTOR GENERAL : OF HOME AFFAIRS Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die I certify that this document is a true reproduction/copy of the oorspronklike wat deur my persoonlik besigtig is en dat volgens my original which was examined by me and that from my observations, waarnenings, u

the original has not been altered in any manner.

ing/Signature

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Datum/Date

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Gos Grea

Abraham Ponoki Matiola Herewith I (full names and surname) ID no 6804165844

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

I certify that the deponent has acknowledged that he is knows and understands the contents of the becarate or enthat he /-ehe / has not any objection to the taking of staoath and the oath is binding / not binding on his / her conscience. The oath / affirmation was administered by me was adhered in my and the deponent's signature / mark day ice et prese the year. c d leanberg - Commissioner of Oaths Danie 0/1/8/2 Pretoria - Ex Officio - Republic of South Africa Ref No. Profiles Plan Analysis co, 32 Panorama, Facrie Glen 0043 Contact No. +27 82 410 1527 Email - disteenberg@gmail.com

AFFIDAVIT T NAME & SURNAME Abraham Porce D. 680446 5844 084 RACE Atrican DENTIAL ADDRESS: 204 Hape Cost EPHONE NUMBER: 073 5894 815 NESS ADDRESS: UPATION: TE UNDER OATH THAT: Min Platinum Maikana is grave yard of the following K Ngamaka Evelyn Majola as J will be relocated at Mai derhuizen will be located the derhuizen will be derhuizen will be located the derhuizen will be binding on my co	GENDER
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Delivery by Hand

Attention:

- 1. Mr Temba Motlalepule (078 334 0284)
- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

Re: Permission for Lonmin to relocate the graves from the Karee Return Water Dam to legitimate grave yards

I, (name) <u>Abraham Ponoki</u> (surname) <u>Motjola</u> hereby acknowledge that Lonmin Platinum Marikana, will undertake the responsibility of exhuming and relocating the below mentioned graves to the below mentioned areas / grave yards:

- Marikana:
 - o Thapita Esterhuizen,
 - o Jack Nqamako,
 - o Evelyn Majola and
 - o 3 x unknown graves
- Tlhatlhaganyane:
 - o Christina Esterhuizen
- Hammanskraal:
 - o D Majola,
 - Sonny Boy Majola, and
 - Pauline Majola.

Signature of family member authorising the exhumation and relocation

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

Pr in

Full names: Abraham Ponoki Motjola Title: Mr.
IDNr: 680416 5844084
Address: Marikana North, House number 258
Tel. No.: 0735894815
Email Address:
Relationship to deceased: Uncle

PARTICULARS OF DECEASED:

Full names: Jack Ngamako Sex: Male
Date of death"
Grave number and present place of burial: K3 Dam cemetery
Responsible Local Government: Bojanala Local Municipality
Place where human remains are to be re-interred: Marikana Municipal
Cemetry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration

with Doves Funeral Undertakers, Rustenburg.....

Precaution which will be taken to prevent any danger to health or cause for offence: All actions will be according to cultural and religious requirements expressed by the affected families who will be in attendance. Full Personal Protection Equipment will be worn by all persons attending. Remains will be sealed in a body bag in the grave and such will be placed in a coffin at the grave site before being removed by a hearse.

EXHUMATIONS ORDINANCE NO. 12 OF 1980

- (2) Any person desirous of obtaining the written approval contemplated by subsection
- (1) (a) shall make written application therefor and shall-
- (a) in such application-

is

- (i) state where the body which is to be exhumed, disturbed, removed or re-interred
 - interred and if and where such body is proposed to be re-interred;
 - state the reasons for the proposed exhumation, disturbance, removal or reinterment, and
 - (iii) specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and
- (b) together with such application
 - submit a medical certificate as to the date and cause of death or a certified copy of
 - such a certificate;
 - (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (bb) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
 - (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
 - (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.
- (3) Where any medical certificate or written approval contemplated by subsection (2) is not or cannot

be obtained or is not granted, the written application contemplated by that subsection shall be accompanied by-

- (a) full details of the efforts made to obtain such certificate or approval, and
- (*b*) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (*a*).
- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions
- as

the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—

(a) vary any condition so imposed, and

(b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME I	D No ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)				
Elsie	intajolo 3	60316050209	39 E.L.	maglo
-	()	10-03-00	280	4
DiDWe	an nembe	620934593	1005	I WIN
4)				
lave these	relatives been contact	ted? If not give reason(s): Yes – a Grave Relocation iducted and full participation	n public
		,		
to remov	ve		n(s): Yes – refer attached I	etters of consent
graves				
CERTIFIE	D COPIES OF THE F	OLLOWING DOCUMEN APPLICATIO	NTS MUST BE SUBMITTE DN:	D AS PART OF
	Death certificate of t			
B. C	Identification docum	ent of the applicant of the applicant/ proof of	customary marriage (wher	e applicable)

D. Affidavit from police indicating the consent by family

I, the undersigned <u>Abraham Ponoki Motjola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

ankana Signed at

Signature of Applicant

Seponent has ecknowledged that he / she relands the contents of the declaration and - has not any objection to the taking of the oath was the oath is binding / not binding on this / fier conscience. The oath / affirmation was administered by me and the deponent's signature / mark was adhered in my que an inis Q Ce G 1 presence at .. 10 of the year ... 010 C erg - Commissioner of Oaths Daniel Jo Officio - Republic of South Africa Ritt No. 9/1/2 2 Panorama, Faeria Gilen 0043 Contact No. = 27.82 \$10.1527 Email - disteriopergraphicat.com Profilms Blak An

D.No. 680416 5844 08 4 GEREGISTREERDE WOON EN POSADRES 24 1. Bewaar die bewys van u GEREGISTREERDE WOON POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN N/SURNAME 2. Indien u van adres verander het, of indien besonderhede huidige adres, bit streatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERINGSORNAME/FORENAMES in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos ABRAHAM PONOK I aan die naaste streek-distrikkantoor van die DEPARTEMENT EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH the the SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS EBOORTEDATUM 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.e. name of street and/or street number, etc. . been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to re-tile change and it must be handed in at or posted to the near regional district office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 31.25 UITGEREIK OP GESAG VAN DIREKTEUR GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY DIRECTOR-GENERAL : OF HOME AFFAIRS Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die I certify that this document is a true reproduction/copy of the oorspronklike wat deur my persoonlik besigtig is en dat volgens my original which was examined by me and that from my observations, spronklike nie op enige wyse gewysig is nie. Waarne HAGS. O the original has not been altered in any manner. 36 22

ang/Signature

8

Mar

2-6

Datum/Date

Joss Hrecu

er

Abraham Ponoti Matiola Herewith I (full names and surname) ID no 6804165844

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

r certify that the deponent has acknowledged that he i st knows and understands the contents of the declaration enthat he /-etie / has not any objection to the taking of Toath and the oath is binding / not binding on his / her conscience. The oath / affirmation was administered by me and the deponent's signature / mark was adhered in my 0 ice at Dres the year. 01 senberg - Commissioner of Oaths Danie 0/1/8/2 Pretoria - Ex Officio - Republic of South Africa Ref No. Protiles Fiex Analysis co, 32 Panorama, Facrie Glen 0043 Contact No. +27 82 410 1527 Email - disteenberg@gmall.com

. AFFIDAVIT

FIRST NAME & SURNAME Abraha	m Ponoki Motjola
	1.4
RESIDENTIAL ADDRESS: 204 110	pa East
TELEPHONE NUMBER: 073 5890	+ 815
BUSINESS ADDRESS:	
OCCUPATION:	
STATE UNDER OATH THAT:	
Loumin Platinum Maile	ena is going to callim
	following Thopida Esterhuiz
Jack Agamaka Evelyn N	lojola and 3 untinoun graves
and will be relocated	ad Maitana and Christin
Esterhaizen will be los	cated to Thothoganyane
and is Majola Sound	Boy Majola and Pauline Mojo
will be relocaded to Har	manskroal //
	//
I know and understand the contents of	this declaration.
I have no obligation for undertaking the	
Loonsider the prescribe oath to be him	e prescribe oath. ding on my consequences
I consider the prescribe oath to be bind	e prescribe oath. ding on my consequences.
I consider the prescribe oath to be bind	ding on my consequences.
I consider the prescribe oath to be bind	ding on my consequences.
I consider the prescribe oath to be bind	ding on my consequences.
I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was place	ding on my consequences. DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place)
I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was place Montone on (date) 200	ding on my consequences. DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place)
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I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was place Montone on (date) 200	ding on my consequences. DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place)
I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was place Montona on (date) 2000 at (time) 11.25	ding on my consequences. DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place) S-09-22 Marca Cash (Signature) Commissioner of Oath Masolo Cabelo
I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was place Montona on (date) 200	ding on my consequences. DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place) S - O = -22 (Signature) Commissioner of Oath
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I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co- me and the deponent's signature was place Monteon on (date) 2000 at (time) 11 25 TIRELO YA MAPODISTA AFRIKA BORWAT WONDER KOP SATELITE 2015 -09- 2 2 MARIKANA	ding on my consequences. ADAA DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place) S-09-22 (Signature) Commissioner of Oath Masolo Cabelo Full first name and surname in block letters
I consider the prescribe oath to be bind I certify that the above statement was take that he/she knows and understand the co me and the deponent's signature was plan Montone on (date) 200 at (time) 11.25 TIRELO YA MAPODISTA AFRIKA BORWA WONDER KOP SATELITE 2015 -09- 2 2	ding on my consequences. ADAA DEPONENT'S SIGNATURE en by me and that the deponent has acknowledge intents of this statement which was sworn to before ce thereon in my presence at (place) S-09-22 (Signature) Commissioner of Oath Master Cabelo Full first name and surname in block letters 7203221-9

Delivery by Hand

Attention:

- 1. Mr Temba Motlalepule (078 334 0284)
- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

Re: Permission for Lonmin to relocate the graves from the Karee Return Water Dam to legitimate grave yards

I, (name) <u>Abraham Ponoki</u> (surname) <u>Motjola</u> hereby acknowledge that Lonmin Platinum Marikana, will undertake the responsibility of exhuming and relocating the below mentioned graves to the below mentioned areas / grave yards:

- Marikana:
 - o Thapita Esterhuizen,
 - Jack Ngamako,
 - o Evelyn Majola and
 - 3 x unknown graves
- Tlhatlhaganyane:
 - o Christina Esterhuizen
- Hammanskraal:
 - o D Majola,
 - Sonny Boy Majola, and
 - Pauline Majola.

Signature of family member authorising the exhumation and relocation

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

11.02

Full names: Abraham Ponoki Motjola Title: Mr
IDNr: 6804165844084
Address Marikana North, House number 258
Tel. No: 073589 4815
Email Address:
Relationship to deceased:

PARTICULARS OF DECEASED:

Full names: Mq wathi (Surname Unknown) Sex: Male
Date of death" Age at death:
Grave number and present place of burial: K3 Dam cemetery
Responsible Local Government: Bojanala Local Municipality Place where human remains are to be re-interred: Marikana Municipali
Place where human remains are to be re-interred: Mari Kana Municipali
Cemetry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration
with Doves Funeral Undertakers, Rustenburg

Precaution which will be taken to prevent any danger to health or cause for offence: All actions will be according to cultural and religious requirements expressed by the affected families who will be in attendance. Full Personal Protection Equipment will be worn by all persons attending. Remains will be sealed in a body bag in the grave and such will be placed in a coffin at the grave site before being removed by a hearse.

EXHUMATIONS ORDINANCE NO. 12 OF 1980

- (2) Any person desirous of obtaining the written approval contemplated by subsection
- (1) (a) shall make written application therefor and shall-
- (a) in such application-
 - (i) state where the body which is to be exhumed, disturbed, removed or re-interred
- is
- interred and if and where such body is proposed to be re-interred;
- state the reasons for the proposed exhumation, disturbance, removal or reinterment, and
- (iii) specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and
- (b) together with such application-
 - submit a medical certificate as to the date and cause of death or a certified copy of
 - such a certificate;
 - (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (*bb*) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
 - (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
 - (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.

(3) Where any medical certificate or written approval contemplated by subsection (2) is not or cannot

be obtained or is not granted, the written application contemplated by that subsection shall be accompanied by—

- (a) full details of the efforts made to obtain such certificate or approval, and
- (b) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (a).
- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions
- as
- the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—
- (a) vary any condition so imposed, and
- (b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
Elsie (2)	Ma	yele .	360316050	2082 E.L.	relayolo
(2)					ALLANT .
1.02	en	jemba	6209243	5927083	
(3)		A			10.41
(4)					
Have the	se relatives	been contacted'	? If not give reason(s	s): Yes – a Grave Relocation	n public
			•	nducted and full participation	
	· · · · · · · · · · · · · · · · · · ·	d to the exhumat	ion? If not give reaso	on(s): Yes - refer attached l	etters of consent
to rer	0.0.0.0				
grave	S				*****
CERTI	FIED COPI	ES OF THE FOL	LOWING DOCUME APPLICATIO	NTS MUST BE SUBMITTEI ON:	D AS PART OF
	A. Death	certificate of the	deceased		
		cation document			
				f customary marriage (where	e applicable)

D. Affidavit from police indicating the consent by family

I, the undersigned <u>Abraham Ponoki Motiola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Marikana this 26 day of 02 2016 Signed at

Signature of Applicant

I certify that the deponent has acknowledged that he / sne knows and understands the contents of the declaration and that he / she / has not any objection to the taking of the oath and the oath is binding / pet binding on his /-her conscience. The cath / affirmation was administered by me and the deponent's signature / mark was adhered in my on this Cotto 051 < dua presence at. DIP S: of the year. of Daniel Johann Steenberg - Commissioner of Oaths Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa Profiles Hisk Analysis co. 32 Panorama, Faerle Glen 0043 Commit No. +27 82 410 1527 Email - distemberg@gmail.com

D.No. 680416 5844 08 4 GEREGISTREERDE WOON- EN POSADRES 24 1. Bewaar die bewys van u GEREGISTREERDE WOON POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN N/SURNAME 2. Indien u van adres verander het; of indien besonderhede MOTJOLA 2. Indien u van adres verander het, of indien besonderhede huidige adres, b), stealnaam en of -nommer, ens. verande moet die vom KENNISGEWING VAN ADRESVERANDERINGOORNAME/FORENAMES in die sakke agter in die identiteitsdokument is, gebruik word o verandering aan te meld en moet dit ingedien word by of gepos ABRAHAM PONOK I aan die naaste streek-distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH State Belly SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS EBOORTEDATUM 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. ... been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to re the change and it must be handed in at or posted to the near regional district office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 10 207 UITGEREIK OP GESAG VAN DIREKTEUR GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY OF DIRECTOR GENERAL : HOME AFFAIRS Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die

I certify that this document is a true reproduction/copy of the

oorspronklike wat deur my persoonlik besigtig is en dat volgens my original which was examined by me and that from my observations,

Martin State

espronklike nie op enige wyse gewysig is nie. Waan the original has not been altered in any manner.

90 9 Ing/Signature Datum/Date 2-er 20

Josic Joss Joss

Herewith 1 Abraham Ponoki Matiola (full names and surname) ID no 68041658 44 084

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

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AFF	FIDAVIT
FIRST NAME & SURNAME Abraha	m Ponoki Motjela
	Atricen GENDER M
RESIDENTIAL ADDRESS: 204 110	sa cast
TELEPHONE NUMBER: 073 5896	+ 815
BUSINESS ADDRESS:	
OCCUPATION:	
STATE UNDER OATH THAT:	
Lonnin Platinum Maika	ma is going to extim
The grave yard of the	following Thapida Esterhuizen
Jack Agamaka Evelyn M	lojola and 3 withown graves at Mailtana and Christina
and will be relocated	ad Maritana and Christina
Esterhuizen will be lor	cated to Thathoganyane
and D. Majola Sonny f	Boy Majola and Pauline Majola
will be relocaded to Har	imanskroal //
	/
I know and understand the contents of	this declaration.
I have no obligation for undertaking the	e prescribe oath.
I consider the prescribe oath to be bind	ding on my consequences.
	DEPONENT'S SIGNATURE
	DEPONENT 3 SIGNATORE
that he/she knows and understand the cor me and the deponent's signature was place	en by me and that the deponent has acknowledge ntents of this statement which was sworn to before ce thereon in my presence at (place)
Montore on (date) 2015 at (time) 11:25	AM 7203221 A
	(Signature) Commissioner of Oath
TIRELO YA MAPODISI A AFRIKA BORWA WONDER KOP SATELITE	Full first name and surname in block letters
	70
2015 -09- 2 2	7203221-9 Service:
MARIKANA SUID AFRIKAANSE POLISIEDIENS	KV -1
SUID AFRICAN POLICE SERVICE	Rank

....

Delivery by Hand

Attention:

- 1. Mr Temba Motlalepule (078 334 0284)
- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

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Signature of family member authorising the exhumation and relocation

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

Inci

PARTICULARS OF APPLICANT:
Full names: Abraham Ponoki Motjola Title: Mr
ID Nr.: 68 04 16 58 44 084
Address: Marikana North, House number 258
Tel. No.: 0735894815
Email Address:
Relationship to deceased:

.....

PARTICULARS OF DECEASED:

Full names: Oupa Manyanya tha (sumame Unknown) Sex: Male
Date of death" Age at death:
Grave number and present place of burial: K3 Dam cemetery
Pois de local Marinalite
Responsible Local Government: D.O.J. anala Local IVI and partity
Responsible Local Government: Bojanala Local Municipality Place where human remains are to be re-interred: Marikana Municipal
Cemetry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration
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EXHUMATIONS ORDINANCE NO. 12 OF 1980

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- (1) (a) shall make written application therefor and shall-
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 - such a certificate;
 - (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (bb) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
 - (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
 - (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.
- (3) Where any medical certificate or written approval contemplated by subsection (2) is not or

cannot

be obtained or is not granted, the written application contemplated by that subsection shall be accompanied by-

- (a) full details of the efforts made to obtain such certificate or approval, and
- (b) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (a).
- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions
- as
- the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—
- (a) vary any condition so imposed, and
- (b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
Elsie (2)	1-110	olo	360316050	282 E.L.	Majolo
Dip	wen	Jemba	62092450	927083	-
4)					
Partic	cipation and	d Social Consulta	tion process was cor): Yes – a Grave Relocation inducted and full participation	n of affected
	••••••				·····
to rer	move		ion? If not give reaso	on(s): Yes – refer attached I	etters of consent
CERTI	FIED COP	IES OF THE FOL	LOWING DOCUME	NTS MUST BE SUBMITTE	D AS PART OF
		certificate of the ication document			
				customary marriage (wher	e applicable)

D. Affidavit from police indicating the consent by family

I, the undersigned <u>Abraham Ponoki Motjola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Marikana this 26 day of 02 2016

Signature of Applicant

knows and understands the contents of the conditional in and that he / enc / has not any objection to the taking of the cath and the oath is binding / not binding on his / her conscience. The oath / affirmation was administered by me and the deponent's signature / mark was adhered in my presence at.M 318 on this 2 Cat 0 day of the year Dartel Johanh Steenberg - Commissioner of Oathe Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa Profiles Analysis ca, 32 Panorama, Faerie Glen 0043 Contact No. +27 82 410 1527 Email - djetsenberg@gmail.com

D.No. 680416 5844 08 4 GEREGISTREERDE WOON- EN POSADRES 1. Bewaar die bewys van u GEREGISTREERDE WOON POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN N/SURNAME 2. Indien u van adres verander het; of indien besonderhede huidige adres, bit streatnaam en/of -nommer, ens. verander meet die vom KENNISGEWING VAN ADRESVERANDERINGOORNAME/FORENAMES in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meid en moet dit ingedien word by of gepos ABRAHAM PONOK I aan die naaste streek-distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH We with SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS ATE OF BIRTH 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. ... been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to re-tifie change and it must be handed in et or poster to the neg regional district office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 ----UITGEREIK OP GESAG VAN DIREKTEUR GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY OF DIRECTOR GENERAL HOME AFFAIRS Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die

EK sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die I certify that this document is a true reproduction/copy of the oorspronklike wat deur my persoonlik besigtig is an detuning

oorspronklike wat deur my persoonlik besigtig is en dat volgens my original which was examined by me and that from my observations,

ng/Signature

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waamonings, one of spronklike nie op enige wyse gewysig is nie. the original has not been altered in any manner.

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Datum/Date

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-DSIR DOS Fre

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Abraham Ponoki Mati 010 Herewith I (full names and surname) ID no 68041658440

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

r certify that the deponent has acknowledged that he i sh knows and understands the contents of the declaration and that he /-ehe / has not any objection to the taking of the oath and the oath is binding / not binding on his / her conscience. The oath / affirmation was adm/nistered by me and the deponent's signature / mark was adhered in my GIN dáv presence at of the year. വർ **Eleenberg** - Commissioner of Oaths Danie 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa Rel No. Profiles Flat Analysis co, 32 Panorama, Faerie Glen 0043 Contact No. +27 82 410 1527 Email - djeteenberg@gmail.com

AF	FIDAVIT
FIRST NAME & SURNAME Abrah	am Ponoki Motjela
ID NO. 680416 5844 084 RACI	
RESIDENTIAL ADDRESS: 204 110	
RESIDENTIAL ADDITEOU. ROG 119	parces
TELEPHONE NUMBER: 073 589	4 815
BUSINESS ADDRESS:	
OCCUPATION:	
STATE UNDER OATH THAT:	
Lonnin Platinum Maike	and is going to earling
the grave yard of the	following Thopida Esterhuizen
Jack Agomoko, Evelyn M	Ajola and 3 unknown graves at Maikana and Christino
and will be relocated	at Markena and Christino
Esterhuizen will be lo	reated to Thathoganyane
and is Majola Sound	Boy Majola and Pauline Majola
will be relocaded to Har	amonstroal //
	/
I know and understand the contents o	f this declaration.
I have no obligation for undertaking th	e prescribe oath.
I consider the prescribe oath to be bin	aing on my consequences.
	CALL AVANTURE
	DEPONENT S SIGNATORE
that he/she knows and understand the co me and the deponent's signature was pla	en by me and that the deponent has acknowledge ontents of this statement which was sworn to before ace thereon in my presence at (place)
Montona on (date) 201. at (time) 11 25	1-04-22 MM 7203224 A
	(Signature) Commissioner of Oath
TIRELO YA MAPODISI A AFRIKA BORWA WONDER KOP SATELITE	Full first name and surname in block letters
2015 -09- 2 2	7203221-9 Service:
MARIKANA SUID AFRIKAANSE POLISIEDIENS	
SOUTH AFRICAN POLICE SERVICE	Rank

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Delivery by Hand

Attention:

- 1. Mr Temba Motlalepule (078 334 0284)
- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

Re: Permission for Lonmin to relocate the graves from the Karee Return Water Dam to legitimate grave yards

I, (name) <u>Abraham Ponoki</u> (surname) <u>Motjola</u> hereby acknowledge that Lonmin Platinum Marikana, will undertake the responsibility of exhuming and relocating the below mentioned graves to the below mentioned areas / grave yards:

- Marikana:
 - o Thapita Esterhuizen,
 - o Jack Ngamako,
 - o Evelyn Majola and
 - o 3 x unknown graves
- Tlhatlhaganyane:
 - o Christina Esterhuizen
- Hammanskraal:
 - D Majola,
 - Sonny Boy Majola, and
 - o Pauline Majola.

Signature of family member authorising the exhumation and relocation

APPLICATION FOR EXHUMATION AND OR RE-INTERMENT OF HUMAN REMAINS IN TERMS OF THE EXHUMATIONS ORDINANCE NO. 12 OF 1980

PARTICULARS OF APPLICANT:

Full names: Abraham Ponoki Motjola Title: Mr.
IDNr: 680416 5844084
Address: Masikana North, House number 258
Tel. No.: 0735894815
Email Address:
Relationship to deceased:

PARTICULARS OF DECEASED:

Full names: Tapita Esterhuizen Sex Female Date of death" 1979 Age at death: 37
Grave number and present place of burial: K3 Dam cemetery
Responsible Local Government: Bojanala Local Municipality Place where human remains are to be re-interred: Marikana Municipal
Place where human remains are to be re-interred: <u>Marikana</u> <u>Municipal</u> Cemetry
Receptacle in which human remains will be placed and manner in which it is to be removed:
Exhumation by means of the archaeological method as per Section 36 of the National Heritage
Resources Act 25 of 1999. Remains to be sealed in a body bag and placed in a new coffin
Name and address of funeral undertaker responsible for rendering the service: Forensic
Archaeology Research Centre, University of Pretoria, Lynwood Road, Pretoria in collaboration
with Doves Funeral Undertakers, Rustenburg

Precaution which will be taken to prevent any danger to health or cause for offence: All actions will be according to cultural and religious requirements expressed by the affected families who will be in attendance. Full Personal Protection Equipment will be worn by all persons attending. Remains will be sealed in a body bag in the grave and such will be placed in a coffin at the grave site before being removed by a hearse.

EXHUMATIONS ORDINANCE NO. 12 OF 1980

- (2) Any person desirous of obtaining the written approval contemplated by subsection
- (1) (a) shall make written application therefor and shall-
- (a) in such application-

is

- (i) state where the body which is to be exhumed, disturbed, removed or re-interred
- - interred and if and where such body is proposed to be re-interred;
- (ii) state the reasons for the proposed exhumation, disturbance, removal or reinterment, and
- (iii) specify the methods proposed to be adopted and the precautions proposed to be taken to prevent any danger to health or cause for offence arising, and

(b) together with such application-

- submit a medical certificate as to the date and cause of death or a certified copy of
 - such a certificate;
- (ii) submit the written approval of-
 - (aa) the municipal or divisional council in whose area of jurisdiction the body concerned is interred and is proposed to be re-interred, and
 - (bb) the cemetery authority or other person in charge of the cemeteries in which the body concerned is interred and is proposed to be re-interred;
- (iii) submit the written approval of-
 - (aa) the surviving spouse of the deceased person concerned;
 - (bb) if there is no such surviving spouse, an adult child of the deceased person concerned;
 - (cc) if there is no such adult child, a parent of the deceased person concerned;
 - (dd) if there is no such parent, an adult brother or sister of the deceased person concerned, or
 - (ee) if there is no such brother or sister, the nearest available adult relative of the deceased person concerned, and
- (iv) where the cemetery in which the body concerned is interred or is proposed to be re-interred is owned by or under the control or management of a religious body or is a cemetery in which the controlling body of any particular religious group has a peculiar interest, submit the written approval of such religious body or controlling body.
- (3) Where any medical certificate or written approval contemplated by subsection (2) is not or cannot

be obtained or is not granted, the written application contemplated by that subsection shall be accompanied by—

- (a) full details of the efforts made to obtain such certificate or approval, and
- (b) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (a).
- (4) Any written approval in terms of subsection (1) (a) may be granted subject to such conditions

as

- the Administrator may deem necessary or desirable and the Administrator may, before any such approval is acted upon—
- (a) vary any condition so imposed, and
- (b) impose additional conditions in respect of such approval.

PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
Elsie 2)	i Tlay	olo 36	031608020	89 E.L. M	agolo
DID	well T		6209 2459		at the second se
5)					. 16. 11
4)					
Parti	cipation and	d Social Consultat	ion process was con): Yes – a Grave Relocation ducted and full participatior	of affected
to re	move		on? If not give reaso	n(s): Yes – refer attached le	etters of consent
CERTI	FIED COPI	ES OF THE FOLI	LOWING DOCUMEN APPLICATIO	NTS MUST BE SUBMITTED	O AS PART OF
	B. Identifi	certificate of the c ication document	of the applicant		
	C. Marria	ge certificate of th	e applicant/ proof of	customary marriage (where	e applicable)

D. Affidavit from police indicating the consent by family

I, the undersigned <u>Abraham Ponoti Motjola</u> hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Marikgna	this	26	_day of_02_	2016
pomp				
Signature of Applicant				

I certify that the deponent has acknowledged that he shows and understands the contents of the declarat in and that he / the / has not any objection to the taking of the oath and the oath is binding / not binding on his / her conscience. The oath / affirmation was admonistered by me and the deponent's signature / mark was adhered in my presence at the formation on this. A constant say of the year.	a constraint and a second
Daniel Johann Stenberg - Commissioner of Oatha Ref No. 9/1/8/2 Pretona - Ex Officio - Republic of South Africa Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043 Contact No. +27 & 410 1527 Email - disteenberg@gmail.com	

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D.No. 680416 08 4 5844 GEREGISTREERDE WOON EN POSADRES 26. 1. Bewaar die bewys van u GEREGISTREERDE WOOn POSADRES in hierdie sakkie S.A.BURGER/S.A.CITIZEN IN/SURNAME 2. Indien u van adres verander het, of indien besonderhede huidige adres, bit streatmaam en of nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERINGOORNAME/FORENAMES in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos ABRAHAM PONOKI aan die naaste streek distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE EBOORTEDISTRIK OF-LAND/ ISTRICT OR COUNTRY OF BIRTH Site the 3.50 SUID-AFRIKA REGISTERED RESIDENTIAL AND POSTAL ADDRESS EBOORTEDATUM 1968-04-16 1. Keep the proof of your REGISTERED RESIDENTIAL POSTAL ADDRESS in this pocket. DATUM UITGEREIK DATE ISSUED 2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc., been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to re the change and it must be handed in at or posted to de near regional district office of the DEPARTMENT OF HOME AFFAIRS 1999-03-21 10 10 10 UITGEREIK OP GESAG VAN DIREKTEUR GENERAAL BINNELANDSE SAKE ISSUED BY AUTHORITY OF DIRECTOR GENERAL : HOME AFFAIRS Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die I certify that this document is a true reproduction/copy of the

oorspronklike wat deur my persoonlik besigtig is en dat volgens my original which was examined by me and that from my observations,

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equinus, of

the original has not been altered in any manner. 9 \cap 2 9 2 Ing/Signature Datum/Date 2 2-2 22 8 JAKCO

spronklike nie op enige wyse gewysig is nie.

Herewith 1 Abraham Ponoki Matiola (full names and surname) ID no 68041.658 44084

state that no Death certificate is available for my family member buried at K3 cemetery due to the fact that none was issued at the time of death.

I make this declaration for the purposes of having the grave exhumed and reburied due to the fact that it is endangered by mining activities.

I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016

(signature)

I certify that the deponent has acknowledged that he is knows and understands the contents of the declaration and that he /-ehe / has not any objection to the taking of the oath and the oath is binding / not binding on his / her conscience. The oath / affirmation was administered by me was adhered in my and the deponent's signature / mark ce at the year leanberg - Commissioner of Oaths Danie Ref No. 0/1/8/2 retoria - Ex Officio - Republic of South Africa Profiles Park Analysis co, 32 Panorama, Facrie Glen 0043 Contact No. +27 82 410 1527 Email - djeteenberg@gmail.com

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AFF	IDAVII
FIRST NAME & SURNAME Abraha	m Ponoki Motjola
ID NO. 680416 5844 084 RACE	
	<u>Miller</u>
RESIDENTIAL ADDRESS: 204 1100	a cast
TELEPHONE NUMBER: 073 5894	815
BUSINESS ADDRESS:	
OCCUPATION:	
STATE UNDER OATH THAT:	
Lonnin Platinum Maika	ha is going to exhim
The grave yard of the -	Following Thepida Esterhuiz
Jack Agamaka Evelyn M	ojola and 3 untrain graces
and will be relocated	ad Maikana and Christing
Esterhaizen will be loc	ated to Thathaganyane
and in Majola Sound A	by Majola and Pauline Majol
will be relocaded to Ham	manskroal /
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I know and understand the contents of t	
I have no obligation for undertaking the I consider the prescribe oath to be bind	prescribe oath. ing on my consequences.
Toonsider the presence out to be pind	annt
	DEPONENT'S SIGNATURE
I certify that the above statement was taken	n by me and that the deponent has acknowledge tents of this statement which was sworn to before
me and the deponent's signature was place	e thereon in my presence at (place)
Montona on (date) 2015 at (time) 11/25	-09-22 AM 7203221 A
((((())))) <u>11 (())</u>	fillester CSF
	(Signature) Commissioner of Oath
TIRELO YA MAPODISI A AFRIKA BORWA	Mosota bebelo
and the state of t	
WONDER KOP SATELITE	Full first name and surname in block letters
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2015 -09- 2 2	7203221-9

Delivery by Hand

Attention:

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- 2. Mrs Majola Mmapule (076 067 2058) 258 RDP, Marikana
- 3. Mr Abraham (071 733 9313)



Lonmin Platinum Middelkraal Farm Marikana 0284 North West Province, Republic of South Africa Private Bag X508 Marikana 0284 North West Province, Republic of South Africa

T: +27 (0) 14 571 3070 Email: www.lonmin.com

Re: Permission for Lonmin to relocate the graves from the Karee Return Water Dam to legitimate grave yards

I, (name) <u>Abraham Ponoki</u> (surname) <u>Motjola</u> hereby acknowledge that Lonmin Platinum Marikana, will undertake the responsibility of exhuming and relocating the below mentioned graves to the below mentioned areas / grave yards:

- Marikana:
 - o Thapita Esterhuizen,
 - o Jack Ngamako,
 - o Evelyn Majola and
 - 3 x unknown graves
- Tlhatlhaganyane:
 - o Christina Esterhuizen
- Hammanskraal:
 - o D Majola,
 - Sonny Boy Majola, and
 - o Pauline Majola.

Signature of family member authorising the exhumation and relocation