

**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  
ID Nr.: 6804165844084  
Address: Marikana North, House 258  
Tel. No.: 073 589 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  
Cemetery

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;
- (ii) state the reasons for the proposed exhumation, disturbance, removal or re-interment, 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—

- (i) 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 Mayolo			360316030282	E.L. Mayolo	
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(2)

Sidwell Tembaga			6209245927083		
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(3)

(4)

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....

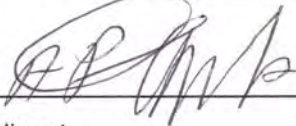
Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

- A. Death certificate of the deceased
- B. Identification document of the applicant
- C. Marriage certificate of the applicant/ proof of customary marriage (where applicable)
- D. Affidavit from police indicating the consent by family

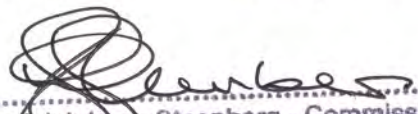
I, the undersigned Abraham Ponoki Motjola hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Marikana this 26 day of 02 2016



Signature of Applicant

I certify that the deponent has acknowledged that he / she 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 / ~~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 Marikana on this 26th day of Feb of the year 2016

  
.....  
Daniel Jobani Steenberg - Commissioner of Oaths  
Ref No. 9/1/6/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 72 410 1527 Email - djsteenber@gmail.com

D. No. 680416 5844 08 4

GEREGISTREERDE WOON- EN POSADRES  
REGISTERED RESIDENTIAL AND POSTAL ADDRESS

S.A. BURGER/S.A. CITIZEN

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.  
1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. Indien u van adres verander het, of indien besonderhede huidige adres, bv. straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERING in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos aan die naaste streek-/distrik kantoor van die DEPARTEMENT BINNELANDSE SAKE.  
2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to register the change and it must be handed in or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

FAMILY NAME/SURNAME  
**MOTJOLA**


FORNAME/FORENAMES  
**ABRAHAM PONOKI**

GEBORTEDISTRIK OF -LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBORTEDATUM/  
DATE OF BIRTH  
**1968-04-16**

DATUM UITGEREIK  
DATE ISSUED  
**1999-03-21**

UITGEREIK OP GESAG VAN  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE  
ISSUED BY AUTHORITY OF THE  
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,  
waarneemings, die oorspronklike nie op enige wyse gewysig is nie.  
the original has not been altered in any manner.

*[Handwritten Signature]*  
Handtekening/Signature

*20/06/2002*  
Datum/Date

*D. J. Steensma*  
*082 4101527*  
*Prof. Les Risk Analysis*  
*9/18/2 dd 21/09/2005*  
*Ex-officio South Africa*

Herewith I Abraham Ponoki Matjola (full names and surname) ID no 6804165844084

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.

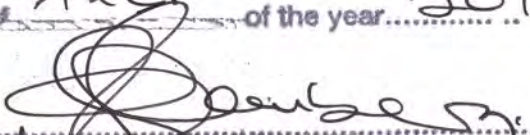
I view this statement as binding to my conscience.

Signed at Marikana on this 26<sup>th</sup> day of February 2016



(signature)

I certify that the deponent has acknowledged that he / she 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 / 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 Marikana on this 26<sup>th</sup> day of Feb of the year 2016



Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 0/1/3/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteenber@gmail.com

AFFIDAVIT

FIRST NAME & SURNAME Abraham Ponoki Motjola

ID NO. 680416 5844 084 RACE African GENDER M

RESIDENTIAL ADDRESS: 204 Tlapa East

TELEPHONE NUMBER: 073 5894 815

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

STATE UNDER OATH THAT:

Loumin Platinum Maitana is going to exhum  
the grave yard of the following Thapita Esterhuizen,  
Jack Ngomoto, Evelyn Mojola and 3 unknown graves  
and will be relocated at Maitana and Christina  
Esterhuizen will be located to Tlathogonyane  
and D. Mojola, Sunny Boy Mojola and Pauline Mojola  
will be relocated to Hammanskroal.

I know and understand the contents of this declaration.  
I have no obligation for undertaking the prescribe oath.  
I consider the prescribe oath to be binding on my consequences.

[Signature]  
DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement which was sworn to before me and the deponent's signature was place thereon in my presence at (place)

Maitana on (date) 2015-09-22  
at (time) 11:25

[Signature] 72032219  
(Signature) Commissioner of Oath

Mosoto Tabela  
Full first name and surname in block letters

72032219  
Service:

[Signature]  
Rank





Delivery by Hand

LONMIN

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

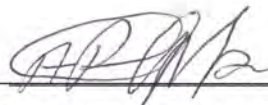
T: +27 (0) 14 571 3070  
Email:

[www.lonmin.com](http://www.lonmin.com)

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

I, (name) Abraham Ponoki (surname) Motjola 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:
  - Thapita Esterhuizen,
  - Jack Nqamako,
  - Evelyn Majola and
  - 3 x unknown graves
- Tlhatlhaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - 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:**

Full names: Abraham Ponoki Motjola Title: Mr

ID Nr.: 6804165844084

Address: Marikana North, House number 258

Tel. No.: 0735894815

Email Address: .....

Relationship to deceased: Grandmother

**PARTICULARS OF DECEASED:**

Full names: Evelyn Majola Sex: Female

Date of death: 1975 Age at death: 85

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 Cemetery

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

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  - (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
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- (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 Mayolo			3603160502089	E.L. Mayolo	
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(2)

Sidwen Tembq			6209245927083		
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(3)

(4)

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....


Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

- A. Death certificate of the deceased
- B. Identification document of the applicant
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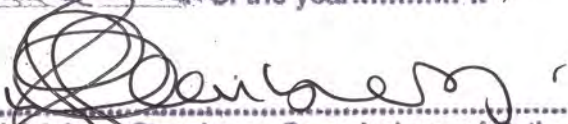
I, the undersigned Abraham Ponoki Matjola hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Marikana this 26 day of 02 2016



Signature of Applicant

I certify that the deponent has acknowledged that he / she knows and understands the contents of the / affidavit / 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 administered by me and the deponent's signature / mark was adhered in my presence at Marikana on this 26th day of Feb of the year 2016



**Daniel Johann Steenberg - Commissioner of Oaths**  
Ref No. B 174/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteenber@gmail.com

GEREGISTREERDE WOON- EN POSADRES

D.No. 680416 5844 08 4

5844 08 4

S.A. BURGER/S.A. CITIZEN

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede huidige adres, soos straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERING in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos aan die naaste streek- distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

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VAN/SURNAME  
MOTJOLA

VOORNAME/FORENAMES  
ABRAHAM PONOKI

GEBOORTEDISTRIK OF- LAND/  
DISTRICT OR COUNTRY OF BIRTH  
SUID-AFRIKA

GEBOORTEDATUM/  
DATE OF BIRTH  
1968-04-16

DATUM UITGEREIK  
DATE ISSUED  
1999-03-21

UITGEREIK OP GESAG VAN  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
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,  
waarmee, die oorspronklike nie op enige wyse gewysig is nie.  
the original has not been altered in any manner.

*[Handwritten Signature]*  
Handtekening/Signature Datum/Date 20/02/04

D. J. Steensma  
082 410 1523  
Profiles Risk Analysis  
9/18/2 dd 21/09/2005  
EX-officio South Africa

Herewith I Abraham Ponoki Matjola (full names and surname) ID no 6804165844084

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.

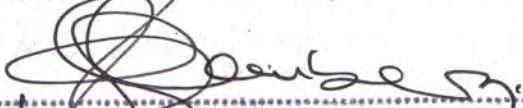
I view this statement as binding to my conscience.

Signed at Marikana on this 26<sup>th</sup> day of February 2016



(signature)

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Contact No. +27 82 410 1527 Email - djsteenber@gmail.com

AFFIDAVIT

FIRST NAME & SURNAME Abraham Ponoki Motjola

ID NO. 680416 5844 084 RACE African GENDER M

RESIDENTIAL ADDRESS: 204 Tlopa East

TELEPHONE NUMBER: 073 5894 815

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

STATE UNDER OATH THAT:

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Esterhuizen will be located to Tlothhogenyane  
and D. Mojola, Sunny Boy Mojola and Pauline Mojola  
will be relocated to Hammanskroal.

I know and understand the contents of this declaration.  
I have no obligation for undertaking the prescribe oath.  
I consider the prescribe oath to be binding on my consequences.

AD Motjola  
DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement which was sworn to before me and the deponent's signature was place thereon in my presence at (place)

Moutana on (date) 2015-09-22  
at (time) 11:25

Mosoto Cabelo  
(Signature) Commissioner of Oath

Mosoto Cabelo  
Full first name and surname in block letters

72032219  
Service:

Const  
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](http://www.lonmin.com)

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  - D Majola,
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Signature of family member authorising  
the exhumation and relocation

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Address: Marikana North, House number 258

Tel. No.: 073 5894815

Email Address: .....

Relationship to deceased: Uncle

**PARTICULARS OF DECEASED:**

Full names: Jack Ngamako Sex: Male

Date of death" 1965 Age at death: 44

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  
Cemetery

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  - (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 Mayolo			3603160502089	E. L. Mayolo	
(2)					
Sidwen Nembu			6209245927083		
(3)					
(4)					

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....

Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

- A. Death certificate of the deceased
- B. Identification document of the applicant
- C. Marriage certificate of the applicant/ proof of customary marriage (where applicable)
- D. Affidavit from police indicating the consent by family



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede huidige adres, b.g. straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERING in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos aan die naaste streek-/distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to register the change and it must be handed in or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

D.No. 680416 5844 0874

S.A. BURGER/S.A. CITIZEN

VOORNAAM/FORENAME  
MOTJOLA

AGTERNAAM/SURNAME  
ABRAHAM PONOKI


GEBOORTEDISTRIK OF- LAND / DISTRICT OR COUNTRY OF BIRTH  
SUID-AFRIKA

GEBOORTEDATUM / DATE OF BIRTH  
1968-04-16

DATUM UITGEREIK / DATE ISSUED  
1999-03-21

UITGEREIK OP GESAG VAN LE DIREKTEUR-GENERAAL BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE 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,  
waarnaars, die oorspronklike nie op enige wyse gewysig is nie.  
the original has not been altered in any manner.

Handtekening/Signature: *[Signature]* Datum/Date: 20/02/04

D.J. Steensma  
082 410 1523  
Profiles Risk Analysis  
9/18/2 dd 21/09/2005  
Ex-officio South Africa

Herewith I Abraham Ponoki Matjola (full names and surname) ID no 6804165844084

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.

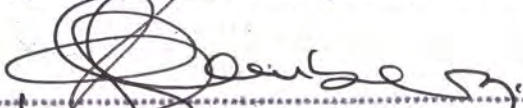
I view this statement as binding to my conscience.

Signed at Marikana on this 26<sup>th</sup> day of February 2016



(signature)

I certify that the deponent has acknowledged that he / she 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 / 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... Marikana on this 26<sup>th</sup> day of Feb of the year 2016



Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 0718/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteenber@gmail.com

AFFIDAVIT

FIRST NAME & SURNAME Abraham Ponoki Motjola

ID NO. 680416 5844 084 RACE African GENDER M

RESIDENTIAL ADDRESS: 204 Tlopa East

TELEPHONE NUMBER: 073 5894 815

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

STATE UNDER OATH THAT:

Loumin Platinum Maitana is going to exhum  
the grave yard of the following Thapita Esterhuizen,  
Jack Ngomoko, Evelyn Mojola and 3 unknown graves  
and will be relocated at Maitana and Christina  
Esterhuizen will be located to Tlhotlhogonyane  
and D. Mojola, Sunny Boy Mojola and Pauline Mojola  
will be relocated to Hammanskraal.

I know and understand the contents of this declaration.  
I have no obligation for undertaking the prescribe oath.  
I consider the prescribe oath to be binding on my consequences.

[Signature]  
DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement which was sworn to before me and the deponent's signature was place thereon in my presence at (place)

Maitana on (date) 2015-09-22  
at (time) 11:25

[Signature]  
(Signature) Commissioner of Oath

Mosota Babelo  
Full first name and surname in block letters

72032219  
Service:

[Signature]  
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](http://www.lonmin.com)

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

I, (name) Abraham Ponoki (surname) Motjola 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:
  - Thapita Esterhuizen,
  - Jack Nqamako,
  - Evelyn Majola and
  - 3 x unknown graves
- Tlhatlhaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - 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:**

Full names: Abraham Ponoki Motjola Title: Mr  
ID Nr.: 6804165844084  
Address: Marikana North, House number 258  
Tel. No.: 073 589 4815  
Email Address: .....  
Relationship to deceased: .....

**PARTICULARS OF DECEASED:**

Full names: Mqwathi (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 Municipal  
Cemetery

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;
- (ii) state the reasons for the proposed exhumation, disturbance, removal or re-interment, 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—

- (i) 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 Majelo			3603160502082	E. L. Majelo	
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(2)

Sidwen Tembq			6209243927083		
--------------	--	--	---------------	--	--

(3)

(4)

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....

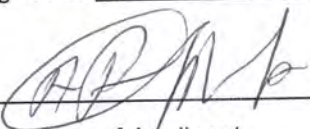
Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

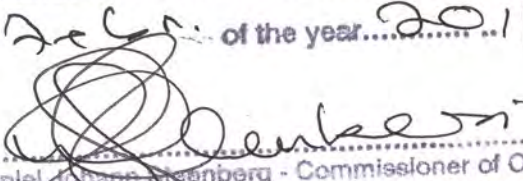
- A. Death certificate of the deceased
- B. Identification document of the applicant
- C. Marriage certificate of the applicant/ proof of customary marriage (where applicable)
- D. Affidavit from police indicating the consent by family

I, the undersigned Abraham Ponoki Motjola 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

I certify that the deponent has acknowledged that he / she 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 / ~~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 Marikana on this 26th day of Feb of the year 2016

  
.....  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteeenberg@gmail.com

D.No. 680416 5844 08 4

GEREGISTREERDE WOON- EN POSADRES

S.A. BURGER/S.A. CITIZEN

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede huidige adres, by. straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERING in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos aan die naaste streek- distrik kantoor van die DEPARTEMENT BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in pocket at the back of the identity document must be used to register the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

W/SURNAME  
**MOTJOLA**

VOORNAME/FORENAMES  
**ABRAHAM PONOKI**

GEBOORTEDISTRIK OF- LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBOORTEDATUM/  
DATE OF BIRTH  
**1968-04-16**

DATUM UITGEREIK  
DATE ISSUED  
**1999-03-21**

UITGEREIK OP GESAG VAN  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
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,  
waarmee, die oorspronklike nie op enige wyse gewysig is nie.  
the original has not been altered in any manner.

*[Signature]*  
Handtekening/Signature Datum/Date **20/02/05**

**D. Steensen**  
**082 410 1527**  
**Profies Risk Analysis**  
**9/18/2 dd 21/09/2005**  
**EX-officio South Africa**

Herewith I Abraham Ponoki Matjola (full names and surname) ID no 6804165844084

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.

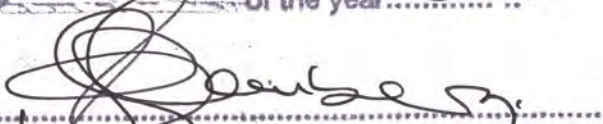
I view this statement as binding to my conscience.

Signed at Marikana on this 26<sup>th</sup> day of February 2016



(signature)

I certify that the deponent has acknowledged that he / she 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 / 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 Marikana on this 26<sup>th</sup> day of Feb of the year 2016



Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 0/1/3/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 32 410 1527 Email - djsteeenberg@gmail.com

AFFIDAVIT

FIRST NAME & SURNAME Abraham Ponoki Motjola

ID NO. 680416 5844 084 RACE African GENDER M

RESIDENTIAL ADDRESS: 204 Tlopa East

TELEPHONE NUMBER: 073 5894 815

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

STATE UNDER OATH THAT:

Loumin Platinum Maitana is going to exhum  
the grave yard of the following Thapida Esterhuizen,  
Jack Ngomako, Evelyn Mojola and 3 unknown graves  
and will be relocated at Maitana and Christina  
Esterhuizen will be located to Tlhotlhaganyane  
and D. Mojola, Sunny Boy Mojola and Pauline Mojola  
will be relocated to Hammanskraal.

I know and understand the contents of this declaration.  
I have no obligation for undertaking the prescribe oath.  
I consider the prescribe oath to be binding on my consequences.

[Signature]  
DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement which was sworn to before me and the deponent's signature was place thereon in my presence at (place)

Maitana on (date) 2015-09-22  
at (time) 11:25

[Signature]  
(Signature) Commissioner of Oath

Masota Tsebele  
Full first name and surname in block letters

72032219  
Service:

Const  
Rank





Delivery by Hand

LONMIN

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](http://www.lonmin.com)

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

I, (name) Abraham Ponoki (surname) Motjola 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:
  - Thapita Esterhuizen,
  - Jack Nqamako,
  - Evelyn Majola and
  - 3 x unknown graves
- Tlhatlhaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - 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:**

Full names: Abraham Ponoki Motjola Title: Mr  
ID Nr.: 68 04 16 58 44 084  
Address: Marikana North, House number 258  
Tel. No.: 073 589 4815  
Email Address: .....  
Relationship to deceased: .....

**PARTICULARS OF DECEASED:**

Full names: Oupa Manyanya (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 Municipal  
Cemetery

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;
- (ii) state the reasons for the proposed exhumation, disturbance, removal or re-interment, 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—

- (i) 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 Majola			360316050289	E. L. Majola	
(2)					
Dipwen Temb			6209245927083		
(3)					
(4)					

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....

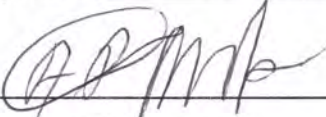
Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

- A. Death certificate of the deceased
- B. Identification document of the applicant
- C. Marriage certificate of the applicant/ proof of customary marriage (where applicable)
- D. Affidavit from police indicating the consent by family

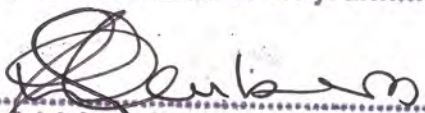
I, the undersigned Abraham Ponoki Motjola hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Marikana this 26 day of 02 2016



Signature of Applicant

I certify that the deponent has acknowledged that he / she / it knows and understands the contents of the ~~testament~~ and that he / she / it 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 and the deponent's signature / ~~mark~~ was adhered in my presence at Marikana on this 26th day of Feb of the year 2016



**Daniel Johann Steenberg - Commissioner of Oaths**  
Ref No. 971/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteeberg@gmail.com

D.No. 680416 5844 08 4

GEREGISTREERDE WOON- EN POSADRES

S. A. BURGER/S. A. CITIZEN

1. Bewaar die bewys van u GREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede huidige adres, b). straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDERING in die sakkie agter in die identiteitsdokument is, gebruik word of verandering aan te meld en moet dit ingedien word by of gepos aan die naaste streek-/distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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IN/SURNAME  
**MOTJOLA**

FORNAME/FORENAMES  
**ABRAHAM PONOKI**

GEBOORTEDISTRIK OF -LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBOORTEDATUM/  
DATE OF BIRTH  
**1968-04-16**

DATUM UITGEREIK  
DATE ISSUED  
**1999-03-21**

UITGEREIK OP GESAG VAN  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
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,  
waaronderings, die oorspronklike nie op enige wyse gewysig is nie.  
the original has not been altered in any manner.

*[Handwritten Signature]*  
Handtekening/Signature Datum/Date  
**20160229**

**D. Steensen**  
**082 410 1527**  
**Profies Risk Analysis**  
**9/18/2 dd 21/09/2005**  
**EX-officio South Africa**

Herewith I Abraham Ponoki Matjola (full names and surname) ID no 6804165844084

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.

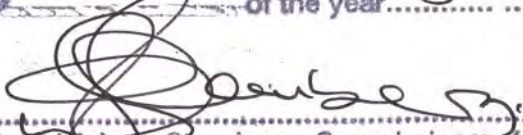
I view this statement as binding to my conscience.

Signed at Marikana on this 26<sup>th</sup> day of February 2016



(signature)

I certify that the deponent has acknowledged that he / she 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 / 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 Marikana on this 26<sup>th</sup> day of Feb of the year 2016



Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 0/1/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Film Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteeenberg@gmail.com

AFFIDAVIT

FIRST NAME & SURNAME Abraham Ponoki Motjola

ID NO. 680416 5844 084 RACE African GENDER M

RESIDENTIAL ADDRESS: 204 Tlopa East

TELEPHONE NUMBER: 073 5894 815

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

STATE UNDER OATH THAT:

Loumin Platinum Maitana is going to exhum the grave yard of the following Thapida Esterhuizen, Jack Ngomako, Evelyn Mojola and 3 unknown graves and will be relocated at Maitana and Christine Esterhuizen will be located to Tlothlaganyane and D. Mojola, Sunny Boy Mojola and Pauline Mojola will be relocated to Hammanskraal.

I know and understand the contents of this declaration.  
I have no obligation for undertaking the prescribe oath.  
I consider the prescribe oath to be binding on my consequences.

[Signature]  
DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement which was sworn to before me and the deponent's signature was place thereon in my presence at (place)

Maitana on (date) 2015-09-22  
at (time) 11:25

[Signature] 72032219  
(Signature) Commissioner of Oath

Mosoto Tabela  
Full first name and surname in block letters

72032219  
Service:

[Signature]  
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](http://www.lonmin.com)

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

I, (name) Abraham Ponoki (surname) Motjola 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:
  - Thapita Esterhuizen,
  - Jack Nqamako,
  - Evelyn Majola and
  - 3 x unknown graves
- Tlhatlhaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - D Majola,
  - Sonny Boy Majola, and
  - Pauline Majola.

A handwritten signature in black ink, appearing to read "AP Motjola", is written over a horizontal line.

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.

ID Nr.: 680416 5844084

Address: Marikana North, House number 258

Tel. No.: ~~07384~~ 0735894815

Email Address: .....

Relationship to deceased: Mother

**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  
Cemetery

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;
- (ii) state the reasons for the proposed exhumation, disturbance, removal or re-interment, 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—

- (i) 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 Mayolo		3603/60802689		E.L. Mayolo	
--------------	--	---------------	--	-------------	--

(2)

Sidwell Tembq		6209 245927083			
---------------	--	----------------	--	--	--

(3)

(4)

Have these relatives been contacted? If not give reason(s): Yes – a Grave Relocation public Participation and Social Consultation process was conducted and full participation of affected families was ensured.....

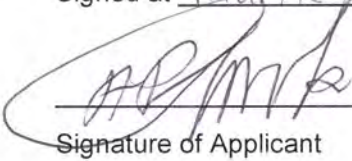
Have they consented to the exhumation? If not give reason(s): Yes – refer attached letters of consent to remove graves.....

**CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:**

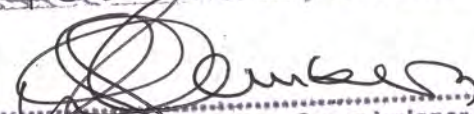
- A. Death certificate of the deceased
- B. Identification document of the applicant
- C. Marriage certificate of the applicant/ proof of customary marriage (where applicable)
- D. Affidavit from police indicating the consent by family

I, the undersigned Abraham Ponoti Motjola 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

I certify that the deponent has acknowledged that he / she 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 / 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 Marikana on this 26th day of Feb of the year 2016

  
.....  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteenber@gmail.com

GEREGISTREERDE WOON- EN POSADRES

D.No. 680416 5844 08 4

S.A. BURGER/S.A. CITIZEN

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

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VAN/SURNAME  
MOTJOLA

VOORNAME/FORENAMES  
ABRAHAM PONOKI

GEBOORTEDISTRIK OF -LAND/  
DISTRICT OR COUNTRY OF BIRTH  
SUID-AFRIKA

1968-04-16

DATUM UITGEREIK  
DATE ISSUED  
1999-03-21

UITGEREIK OP GESAG VAN  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
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original which was examined by me and that from my observations,  
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Handtekening/Signature Datum/Date 20160224

D.J. Steensma  
082 410 1527  
Profiles Risk Analysis  
9/18/2 dd 21/09/2005  
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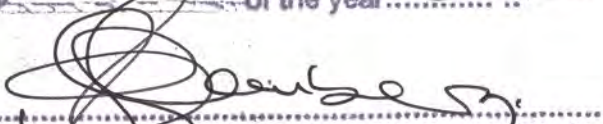
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Masota Tabela  
Full first name and surname in block letters

72032219  
Service:

Const  
Rank





Delivery by Hand



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Signature of family member authorising the exhumation and relocation