

**APPENDIX F: 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: Manare Elsie Matsaro Title: Mrs

ID Nr.: 36 03 16 0502 082

Address: 2063 Matamanyeng Hamanskraal

Tel. No.: 082 211 0757

Email Address: .....

Relationship to deceased: Mother

**PARTICULARS OF DECEASED:**

Full names: Dumezulu Majola Sex: Male

Date of death: Unknown Age at death: 8 Months

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: Hamanskraal

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) S. Hwele TEMBER		PO Box 533	078825001 6209245927083.		
(2)			0735894815		
Abraham Matjola			6804165844084		
(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

APPLICATION FOR EXHUMATION AND RE-INTERMENT/ CREMATION

1. NAME OF DECEASED: maecheal .D. masola

2. GRAVE NUMBER AND PRESENT PLACE OF BURIAL:  
NO. 4 Rustenburg marikana

3. RESPONSIBLE LOCAL GOVERNMENT: MADIBENG

4. GRAVE NUMBER AND INTENDED PLACE OF BURIAL:  
NO. 4 Ramotse

5. RESPONSIBLE LOCAL GOVERNMENT: ISWANE Municipality

6. (1) NAME OF APPLICANT: Elsie masola

7. TELEPHONE NUMBER: .

8. I.D. NUMBER: 360316 0502082

9. RELATIONSHIP TO THE DECEASED: my children

10. PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
(1)					
(2)					
(3)					
(4)					

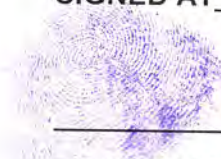
11. CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:

- 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 MARABE.E. MATSORO 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 Temba THIS 13 DAY OF OCT 20 15

witness [Signature]  
2. witness [Signature]



SIGNATURE OF APPLICANT



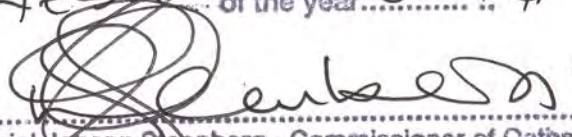
I, the undersigned Manare Elsie Matso hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Lenmin Morikand this 26 day of February 2016

L. S. Matso

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 Mosikana on this 26th day of February of the year 2016

  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profile Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 12 410 1527 Email - djsteenber@gmail.com



AFFIDAVIT

FULL NAMES: MANABE Esie MANSORO  
 RES ADDRESS: H/N: 2063 RAMOTSE MATANGWANENG REGION  
 OCCUPATION: PENSIONER  
 WORK ADDRESS: N/A  
 GENDER: FEMALE AGE: 79 ID NO: 360316 0502 082  
 HOME TEL. NO. N/A WORK TEL. NO. N/A  
 STATEMENT UNDER OATH IN ISWANA AND TRANSLATED TO ENGLISH

I WITH THE ABOVE TO MENTIONED PARTICULARS WOULD LIKE  
 TO STATE THAT IN THE ESTATE OF MANSORO FAMILY AND  
 GIVE CONSENT TO REMOVE THE REMAINS OF THE DECEASED  
 MEMBERS OF THE CEMETARY AT DUNSBURY.

STATEMENT TRANSLATED FROM ENGLISH TO :

I KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION  
 I HAVE NO OBJECTIONS IN TAKING THE PRESCRIBED OATH  
 I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE  
 I SWEAR THAT THE INFORMATION THAT I GAVE IS TRUE "SO HELP ME GOD"

SIGNATURE: DEPONENT [Signature]  
SECRET  
203181-6

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 DECLARATION THAT I WAS SWORN TO BEFORE ME AND THE DEPONENT'S SIGNATURE / THUMB  
 PRINT MARK WAS PLACED THEREON IN MY PRESENCE AT TEMBA ON THE 2015.10.13

SIGNATURE: COMMISSIONER OF OATH  
MOSHIMANE E. LEWATHA

ALL NAMES: COMMISSIONER OF OATH  
JUBILEE ROAD TEMBA

BUSINESS ADDRESS  
CONSOLE

INK  
 SOUTH AFRICAN POLICE SERVICE





Herewith I Mantate Elsie Mayolo (Matsoro) (full names and surname) ID no 3603160502082

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.

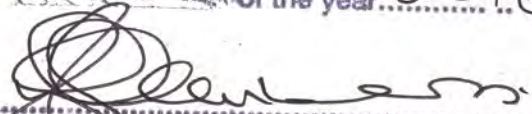
I view this statement as binding to my conscience.

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

L. S. Mayolo

(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 26th day of Febr of the year 2016



.....  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 91/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1537 Email - djsteenber@gmail.com

Delivery by Hand



**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)

Attention:

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

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

I, (name) Elsie Majola (surname) Majola 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
- Tlhatthaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - D Majola,
  - Sonny Boy Majola, and
  - Pauline Majola.

Elsie Majola

Signature of family member authorising  
the exhumation and relocation

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

I.D.No. 360316 0502 08 2



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
MATSORO

VOORNAME/FORENAMES  
MANARE ELSIE

GEBOORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/  
DATE OF BIRTH

1936-03-16



DATUM UITGEREIK  
DATE ISSUED

1999-12-20

UITGEREIK OP GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS

GO  
GOF  
LETWAL

MA GORE KE KOPI YA NNETE YA LEKWALO LA TLHOLEGO LE  
BOGONALE PHETOGO EPE E E DIRILWENG KE OPE A SA

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT AND THAT NO VIS-  
IBLER OF THE ORIGINAL DOCUMENT HAVE BEEN MADE BY ANY UNAUTHORISED PERSON.

CLERK OF THE CRIMINAL COURT

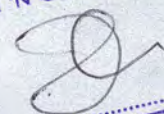
GESKAT GEEN SIGLARE VERWAGINGS DEUR 'N ONGEMAGTIGDE PER-  
SON AANGEBRING IS NIE.

2015 -10- 13

TSHAENO  
SIGNATURE  
HANDTEKENING

LETHA  
DAS  
PRIVATE BAG X1030, TEMBA 0407  
NORTH WEST PROVINCE, SOUTH AFRICA

MAGISTRATE MORETELE





# the doj & cd

Department:  
Justice and Constitutional Development  
REPUBLIC OF SOUTH AFRICA

FULL NAMES: MANARE. E. MATSOTO

IDENTITY NUMBER 3603160502082

RESIDENTIAL ADDRESS: Ramatse matemeng

STATE UNDER OATH IN ENGLISH:

I state under oath that  
I am responsible for the late  
Durezulu, Polina and Sanyoy  
majola whom have passed on  
at Rustenburg and have been  
buried at Nchikana

I know and understand the contents of this statement  
I have no objection of taking the prescribed oath  
I consider the prescribed oath to be binding on my conscience

SIGNATURE 

I certify that the deponent has acknowledged that he / she know and understand the contents of this declaration which was sworn to / affirmed and signed before me and the deponent's signature / thumbprint was placed thereon in my presence at **MAGISTRATE MORETELE** on the 13 day of OCT 2015

COMMISSIONER OF OATHS  
FULL NAMES AND SURNAME: MARTIN MATSISO

  
SIGNATURE COMMISSIONER OF OATHS

DATE STAMP



**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: Mamare Elsie Matsoro Title: Mrs  
ID Nr.: 36 03 16 0502 082  
Address: 2063 Hamans Matamanyeng, Hamanskraal  
Tel. No.: 082 211 0757  
Email Address: .....  
Relationship to deceased: Mother

**PARTICULARS OF DECEASED:**

Full names: Paulina Majola Sex: Female  
Date of death: Unknown Age at death: 9 months  
Grave number and present place of burial: K3 Dam cemetery  
.....  
Responsible Local Government: Bojanaha local Municipality  
Place where human remains are to be re-interred: Hamanskraal

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) SIDWELL TEMBA		PO Box 533	0788825001		
(2)			6209245927083. 0735894815		
(3) Abraham Matjola			680415844084		
(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

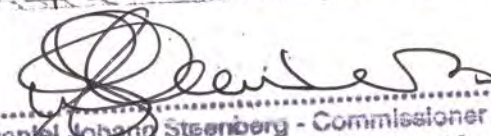
I, the undersigned Manure Elsie Matsiro hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Lenmin, Morikard this 26 day of February 2016

L.S. Majolo

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 Morikard on this 26<sup>th</sup> day of Feb of the year 2016

  
Daniel Johann Steenberg - Commissioner of Oaths  
Tel No. 9/1/02 Pretoria - Ex Officio - Republic of South Africa  
Profitee Risk Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1527 Email - djsteeenberg@gmail.com



APPLICATION FOR EXHUMATION AND RE-INTERMENT/ CREMATION

1. NAME OF DECEASED: Polina. majola

2. GRAVE NUMBER AND PRESENT PLACE OF BURIAL:  
NO. 2 Rustenburg marikana

3. RESPONSIBLE LOCAL GOVERNMENT: madibeng

4. GRAVE NUMBER AND INTENDED PLACE OF BURIAL:  
NO. 2 Ramotse

5. RESPONSIBLE LOCAL GOVERNMENT: Tswane municipality

6. (1) NAME OF APPLICANT: Elsie majola

7. TELEPHONE NUMBER:

8. I.D. NUMBER: 3603160502082

9. RELATIONSHIP TO THE DECEASED: my children

10. PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
------	-------	---------	----------	--------------	-----------

(1)

(2)

(3)

(4)

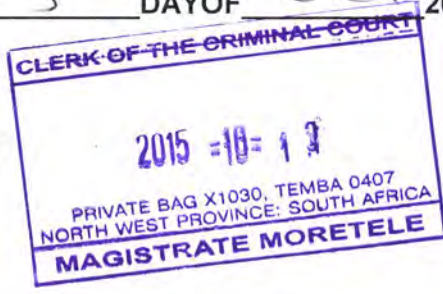
11. CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AS PART OF APPLICATION:

- 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 MANARE. G. MATSORO 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 Temba THIS 13 DAY OF OCT 20 15  
1. witness [Signature]  
2. witness [Signature]

SIGNATURE OF APPLICANT



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 van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of ge-pos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN 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 your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 360316 0502 08 2



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
MATSORO

VOORNAME/FORENAMES  
MANARE ELSIE

GEBORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/  
DATE OF BIRTH

1936-03-16



DATUM UITGEREIK  
DATE ISSUED

1999-12-20

UITGEREIK OP GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR GENERAL:  
HOME AFFAIRS

GO TSIWA GORE KE KOPI YA NNETE YA LEKWALO LA TLHOLOGO LE  
 GORE GA GA DONALE PHETOGO EPE E E DIRILWENG KE OPE A SA  
 LETLWA  
 OP-IT HED A TRUE COPY OF THE ORIGINAL DOCUMENT AND THAT NO VIS-  
 IBL ALTERATIONS HAVE BEEN MADE BY ANY UNAUTHORISED PERSON.  
 GESERTREISSEER N WARE AFSKRIF VAN DIE OORSPRONKELIKE DOKUMENT  
 EN DAT GEEEN SIGBARE VERANDERINGE DEUR 'N ONGEMAGTIGDE PER-  
 SOON GEDRUK IS NIE.  
 CLERK OF THE CRIMINAL COURT  
 SIGNA COURT  
 HANDTEKENING  
 LETLHA  
 DATE  
 DATUM ..... 2015 -10- 13  
 PRIVATE BAG X1030, TEMBA 0407  
 NORTH WEST PROVINCE: SOUTH AFRICA  
 MAGISTRATE MORETELE



AFFIDAVIT

FULL NAMES: MANABE EISE MATSORO  
 RES ADDRESS: H/N: 2063 Ramotse MATANGWANE'S REGION  
 OCCUPATION: PENSIONER  
 WORK ADDRESS: N/A  
 GENDER: FEMALE AGE: 79 ID NO: 360316 0502 082  
 HOME TEL. NO. N/A WORK TEL. NO. N/A  
 STATEMENT UNDER OATH IN SWANA AND TRANSLATED TO ENGLISH

WITH THE ABOVE MENTIONED PARTICULARS WOULD I BE  
 TO STATE THAT IN THE EYES OF MATSORO FAMILY AND  
 HAVE CONSENT TO REMOVE THE REMAINS OF THE DECEASED  
 MEMBERS OF THE CEMETERY AT QUENBURG.

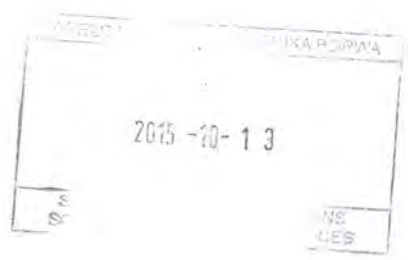
STATEMENT TRANSLATED FROM ENGLISH TO :

KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION  
 HAVE NO OBJECTIONS IN TAKING THE PRESCRIBED OATH  
 CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE  
 SWEAR THAT THE INFORMATION THAT I GAVE IS TRUE "SO HELP ME GOD"

SIGNATURE: DEPONENT [Signature]  
2015-10-13

CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND  
 UNDERSTANDS THE CONTENTS OF THIS DECLARATION THAT WAS SWORN TO BEFORE ME AND THE DEPONENT'S SIGNATURE / THUMB  
 PRINT/MARK WAS PLACED THEREON IN MY PRESENCE AT TEMBA ON THE 2015.10.13  
 AT ABOUT 16:30

SIGNATURE: COMMISSIONER OF OATH [Signature]  
 FULL NAMES: COMMISSIONER OF OATH MOSHIMANE E. LEWATHA  
 BUSINESS ADDRESS JUSTICE ROAD TEMBA  
 CONTACTABLE [Signature]  
 NK



Herewith I Mantate Elsie Majolo (Matsoro) (full names and surname) ID no 3603160502082

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.

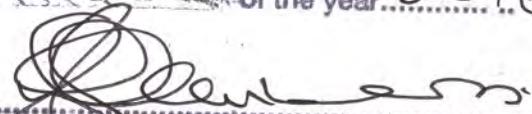
I view this statement as binding to my conscience.

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

L. S. Majolo

(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 26th day of Feb of the year 2016



.....  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. 81/8/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Flak Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1537 Email - djsteenber@gmail.com

Delivery by Hand



**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)

Attention:

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

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

I, (name) Elsie Majola (surname) Majola 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
- Tlhatthaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - D Majola,
  - Sonny Boy Majola, and
  - Pauline Majola.

E S Majola

Signature of family member authorising  
the exhumation and relocation



# the doj & cd

Department:  
Justice and Constitutional Development  
REPUBLIC OF SOUTH AFRICA

FULL NAMES: MANARE. E. MATSARO

IDENTITY NUMBER 3603160502082

RESIDENTIAL ADDRESS: Ramotse metropolitan

STATE UNDER OATH IN ENGLISH:

I state under oath that  
I am responsible for the late  
Durezulu, Polina and Sanyo  
Majola whom have passed on  
at Rustenburg and have been  
buried at Nativana

I know and understand the contents of this statement  
I have no objection of taking the prescribed oath  
I consider the prescribed oath to be binding on my conscience

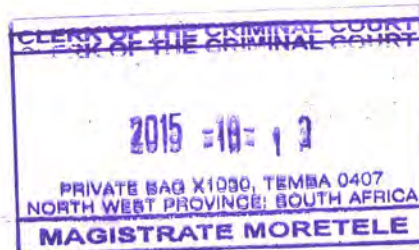
SIGNATURE 

I certify that the deponent has acknowledged that he / she know and understand the contents of this declaration which was sworn to / affirmed and signed before me and the deponent's signature / thumbprint was placed thereon in my presence at **MAGISTRATE MORETELE** on the 13 day of OCT 2015

COMMISSIONER OF OATHS  
FULL NAMES AND SURNAME: MARTIN MATSARI

  
SIGNATURE COMMISSIONER OF OATHS

DATE STAMP



**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: Mandire Elsie Matsiro Title: Mrs  
ID Nr.: 360316 0502 082  
Address: 2063 Matamanyeng, Hammanskraal  
Tel. No.: 082 211 0757  
Email Address: .....  
Relationship to deceased: Mother

**PARTICULARS OF DECEASED:**

Full names: Sannyboy Majola Sex: Male  
Date of death: Unknown Age at death: Unknown  
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: Hammanskraal

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—


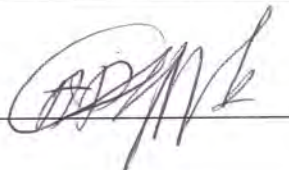
- (a) full details of the efforts made to obtain such certificate or approval, and
- (b) full reasons why the inability to obtain such certificate or approval should not preclude the grant of written approval in terms of subsection (1) (a).

(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) Sidwell TEMBA		PO Box 533	078825001 6209248927083		
(2) Abraham Matjola			0735894815 6804165844 084		
(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

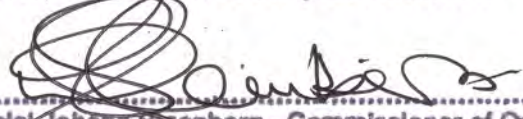
I, the undersigned Elsie Matsoro hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at Lenmin, Morikond this 26 day of February 20 16

h. S. Majofo

Signature of Applicant

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

  
.....  
**Daniel Johann Steenberg - Commissioner of Oaths**  
Ref No. 0/1/0/2 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

APPLICATION FOR EXHUMATION AND RE-INTERMENT/ CREMATION

1. NAME OF DECEASED: Sani boy majola

2. GRAVE NUMBER AND PRESENT PLACE OF BURIAL:  
NO. 3 Rustenburg mortuary

3. RESPONSIBLE LOCAL GOVERNMENT: madibeng

4. GRAVE NUMBER AND INTENDED PLACE OF BURIAL:  
NO. 3 Ramotse

5. RESPONSIBLE LOCAL GOVERNMENT: Tswe municipality

6. (1) NAME OF APPLICANT: Elsie majola

7. TELEPHONE NUMBER:

8. I.D. NUMBER: 3603160502082

9. RELATIONSHIP TO THE DECEASED: my children

10. PARTICULARS OF CLOSE RELATIVES:

NAME	ID No	ADDRESS	TEL. No.	RELATIONSHIP	SIGNATURE
------	-------	---------	----------	--------------	-----------

(1)

(2)

(3)

(4)

11. 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 MANARE MASORO 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 Temba THIS 13 DAY OF OCT 2015

SIGNATURE OF APPLICANT

CLERK OF THE CRIMINAL COURT  
2015 -10- 13  
PRIVATE BAG X1030, TEMBA 0407  
NORTH WEST PROVINCE, SOUTH AFRICA  
MAGISTRATE MORETELE

GEREGISTREEERDE WOON- EN POSADRES

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

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

1

I.D.No. 360316 0502 08 2



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
MATSORO

VOORNAME/FORENAMES  
MANARE ELSIE

GEBOORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/  
DATE OF BIRTH

1936-03-16



DATUM UITGEREIK  
DATE ISSUED

1999-12-20

UITGEREIK OP GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS

**TSHWA GORE KE KOPI YA NNETE YA LEKWALO LA TLHOLEGO LE**  
**GA GO BONALE PHETOGO EPE E E DIRILWENG KE OPE A SA**  
**LETLWA.**  
 CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT AND THAT NO VI-  
 SIBLE ALTERATIONS HAVE BEEN MADE BY ANY UNAUTHORISED PERSON.  
**COPIE VAN DIE OORSPRONKLIKE DOKUMENT**  
**SOON AANGEBRINGTS NIE.**  
 SOON AANGEBRINGTS NIE.  
 TSHAENO  
 SIGNATURE  
 HANDEKENING .....  
 LETLHA 2015 -10- 13  
 DATE  
 DATUM .....  
 PRIVATE BAG X1030, TEMBA 0407  
 NORTH WEST PROVINCE, SOUTH AFRICA  
**MAGISTRATE MORETELE**



AFFIDAVIT

FULL NAMES: MANABE Esie MANSORO  
 RES ADDRESS: H/N: 2063 Ramotse Matangwaneng Region  
 OCCUPATION: PENSIONER  
 WORK ADDRESS: N/A  
 GENDER: FEMALE AGE: 79 ID NO: 360316 0502 082  
 HOME TEL. NO. N/A WORK TEL. NO. N/A  
 STATEMENT UNDER OATH IN SWANA AND TRANSLATED TO ENGLISH

I WITH THE ABOVE TO ENIGNED PARTICULARS WOULD LIKE  
 TO STATE THAT IN THE EYES OF MANSORO FAMILY AND  
 GIVE CONSENT TO REMOVE THE remains of the Deceased  
 Members of the Cemetery at DURENBURY.

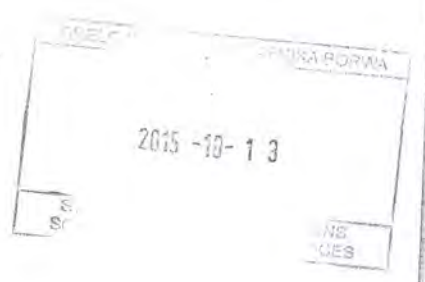
STATEMENT TRANSLATED FROM ENGLISH TO :  
 I KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION  
 I HAVE NO OBJECTIONS IN TAKING THE PRESCRIBED OATH  
 I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE  
 I SWEAR THAT THE INFORMATION THAT I GAVE IS TRUE "SO HELP ME GOD"

SIGNATURE: DEPONENT [Signature]  
2015-10-13

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 DECLARATION THAT I WAS SWORN TO BEFORE ME AND THE DEPONENT'S SIGNATURE / THUMB  
 PRINT/MARK WAS PLACED THEREON IN MY PRESENCE AT TEMBA ON THE 2015.10.13  
 AT ABOUT 16:30

SIGNATURE: COMMISSIONER OF OATH [Signature]  
 FULL NAMES: COMMISSIONER OF OATH MOSHIMANE E. LEWATHA

BUSINESS ADDRESS JUBILEE ROAD TEMBA  
 CONTACT NO. [Blank]  
 RANK [Blank]



Herewith I Mantate Elsie Mayolo (Matsoro) (full names and surname) ID no 3603160502082

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.

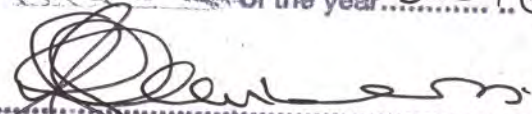
I view this statement as binding to my conscience.

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

L. S. Mayolo

(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 26th day of Febr of the year 2016



.....  
Daniel Johann Steenberg - Commissioner of Oaths  
Ref No. B/1/0/2 Pretoria - Ex Officio - Republic of South Africa  
Profiles Flak Analysis cc, 32 Panorama, Faerie Glen 0043  
Contact No. +27 82 410 1537 Email - djsteenber@gmail.com



Delivery by Hand



**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)

Attention:

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

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

I, (name) Elsie Majola (surname) Majola 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
- Tlhatthaganyane:
  - Christina Esterhuizen
- Hammanskraal:
  - D Majola,
  - Sonny Boy Majola, and
  - Pauline Majola.

E S Majola

Signature of family member authorising  
the exhumation and relocation



# the doj & cd

Department:  
Justice and Constitutional Development  
REPUBLIC OF SOUTH AFRICA

FULL NAMES: MANARE. E. MATSARO

IDENTITY NUMBER 3603160502082

RESIDENTIAL ADDRESS: Ramatse mateneng

STATE UNDER OATH IN ENGLISH:

I state under oath that  
I am responsible for the late  
Dumazulu, Polina and Sanyo  
Majola whom have passed on  
at Rustenburg and have been  
buried at Nankana

I know and understand the contents of this statement  
I have no objection of taking the prescribed oath  
I consider the prescribed oath to be binding on my conscience

SIGNATURE 

I certify that the deponent has acknowledged that he / she know and understand the contents of this declaration which was sworn to / affirmed and signed before me and the deponent's signature / thumbprint was placed thereon in my presence at **MAGISTRATE MORETELE** on the 13 day of OCT 2015

COMMISSIONER OF OATHS  
FULL NAMES AND SURNAME: MARTIN MATSARI

  
SIGNATURE COMMISSIONER OF OATHS

DATE STAMP

