

**APPENDIX G: 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: SIDWALL TEMBA Title: M.B.
ID Nr: 6209245929083
Address: P. O. Box 533
Tel. No.: 0788825001
Email Address: TEMBA.SIDWALL@GQ.COM
Relationship to deceased: MOTHER, SON

PARTICULARS OF DECEASED:

Full names: CRISTINA NKAMA ESTRELEN Sex: FEMALE
Date of death: 1972 Age at death: + 30 YEARS
Grave number and present place of burial: K3 Dam cemetery

Responsible Local Government: MOSES KOIANE
Place where human remains are to be re-interred: ILHATHLAGANYAMS

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			36031605092082	E L. Mayolo	
(2)					
Abraham Matjolo			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

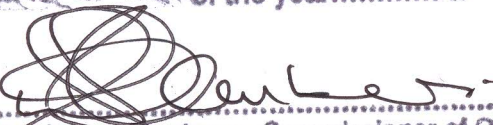
I, the undersigned SIDWELL SENOKOANE TEMBA hereby affirm that the information given by me in this application is in all respect true and correct. I understand, that my misrepresentation of the facts as stated herein my result in me being liable for criminal and/ or civil law suits

Signed at MABIKANA 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 Mabikana on this 26th day of Febr of the year 2016


Daniel Johann Steenberg - Commissioner of Oaths
Ref No. 07/18/2 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



SUID-AFRIKAANSE POLIS/DIENS

SOUTH AFRICAN POLICE SERVICE

MOGWASE SAPS AFFIDAVIT STATEMENT

Full names and Surname: SIDWELL CELOROKRIANE TEMBA

Id Number: 6209245927083 Sex: MALE Age: 56

Residential Address: H/N 821 TIATSANE SECTION TSHATI HAGANYANE

Work Address: AMANDELBUH MINE TUMELA

Tel/Cell Number: 0788825001

STATE UNDER OATH / AFFIRMATION

I PERSON OF THE ABOVE MENTIONED PARTICULARS
STATE UNDER OATH THAT I DON'T HAVE
A DEATH CERTIFICATE OF MY MOTHER CHRISTINAH
NKANA ESTEIJHE ESTEIJEN, THE REASON IS THAT
KIE KIE STILL YOUNG BY THE TIME SHE PASSED
AWAY. THAT IS ALL I CAN STATE

M.A.
D.M.
D.M.

2015-10-12
SUID-AFRIKAANSE POLIS/DIENS
SAPS MOGWASE CLUSTER

I know and understand the contents of this declarations
I have no objection in taking the prescribed oath
I consider the prescribed oath as binding to my conscience

Signature Deponent: SIDWELL S TEMBA

I Certify that the above Statement was taken by me and the Deponent, Acknowledge that He/She knows and understand the contents of the declaration which was sworn to before me and the deponent signature was placed hereon at Mogwase on 2015/10/12 Time: 15:40

COMMISSIONER OF OATH:

MARGARET M.A.
7176733-9
CST M.A.
MARGARET

FULL NAMES:
MOGWASE SAPS
RIJSTENBURG CLUSTER

NAME & SURNAME : SIDWELL SENOKWANE TEMBA
ID NO. : 620924 5927 083 AGE : 55
GENDER : MALE NATIONALITY : RSA
RESIDENTIAL ADDRESS : HLNO: 821 ILHATLACIANJA
CELL NO : 078 882 5001 TEL(W) : _____
WORK ADDRESS : AMANDABELT MINE
OCCUPATION : HRD FACILITATOR

STATE UNDER OATH IN ENGLISH THE FOLLOWING:-

I the person of the above mentioned particulars state that I am the biological son of the late Christina Nekana Esterhuizen who passed away on the late 1972 and she was buried at Marikana.

I therefore request that her remaining be exhumated and be re-interred at Thathagonyane village.

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

SIDWELL TEMBA



I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponent's signature attached thereon in my presence at **Sun City Police Station** on (date) 09/11/2015 at about (16.H.40)

7135146
Patron BCS7

COMMISSIONER OF OATH
RANK CONST
SAPS Sun City

GEREGISTREERDE WOON- EN POSADRES

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

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of voorstel, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke agter in die identiteitsdokumente is, gebruik word om die verandering aan te meld en moet dit ingedien word by die gepas word aan die hoesse streek-/distrikamptor 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. 620924 5927 08 3



S.A. BURGER/S. A. CITIZEN

VANSURNAME
TEMBA

VOORNAME/FORENAMES
SIDWELL SENOKWANE

GEBORTE/DISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/
DATE OF BIRTH

1962-09-24

DATUM UITGEREIK
DATE ISSUED

2004-05-27

UITGEREIK OP GESAAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE



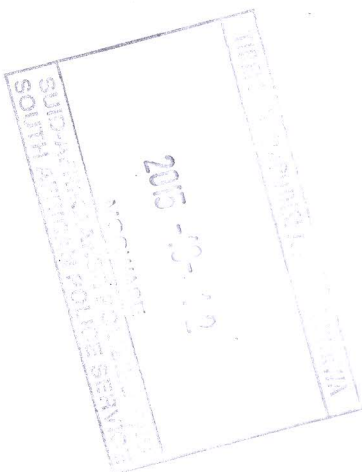
ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

EK SERTIFISEER DAT HEBBE E DOKUMENT VAN AANVAARDELIK AFSKRIF VAN DIE OORSPROFKLIEKE DOKUMENT WAT AAN VYF R. GAARRENIING VOORGELIS. EK SERTIFISEER VERDER DA* TO. ONS W. A. AARBEVING DAAR WIE N. WYSGING OP DIE OORSPROFKLIEKE DOKUMENT AAN. GESSING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT. I FURTHER CERTIFY THAT PERSONS ASSASSINATIONS AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING SIGNATURE

MAGSNUMMER 1179133-9 RANG RANK



Herewith I SIDWELL SENOLOANE TEMBA (full names and surname) ID no 6209245927083

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

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

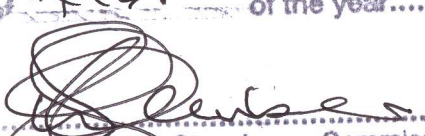
I view this statement as binding to my conscience.

Signed at Marikana on this 26th day of February 2016



(signature)

I certify that the deponent has acknowledged that he / 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 Johan Steenberg - Commissioner of Oaths
Ref No. 9/1/8/2 Pretoria - Ex Officio - Republic of South Africa
Profitec Risk Analysis cc, 32 Panorama, Faerie Glen 0043
Contact No. +27 82 410 1527 Email - djsteenber@gmail.com