

APPLICATION FOR EXHUMATION AND RE-INTERNMENT/CREMATION

(Turnaround time for all exhumation application is four (4) working days)

		105 UNKNOWN GTRAVES
2.1.	PRESENT PLACE OF BU	RIAL: GRAVE NO PORTION IN OF THE FARM OLIFONTSFONTED
2.2.	RESPONSIBLE LOCAL G	RIAL: GRAVE NO PORTION ILL OF THE FARM OLIFONTSFONTED AXA: STRANBERY FARMS OVERNMENT JOHANNESBURG CATY PARKS GALTENG.
3.1.	INTENDED PLACE OF BU	URIAL WATERFALL CEMATERY
3.2.	RESPONSIBLE LOCAL G	OVERNMENT JOHANNESBURG (ITT PARKS
4.1.	NAME OF APPLICANT	JR 209 Investments (Tracking as MET Development)
4.2.	PHYSICAL ADDRESS	Represented by J.W. Locz U 11 Bylo Bruge Bowleward, No 14, Block C, 2nd Floor
4.3.	TELEPHONE NIMBER	012 676-8500
4.4.	I.D. NUMBER	7810265116082
4.5.	RELATIONSHIP TO THE	DECEASED Owner of Land

5. PARTICULARS OF CLOSE RELATIVES

МО	NAME	ID NO	PHYSICAL ADDRESS	TEL NO	RELATION SHIP	SIGNA TURE
5.1.					O/m	IUNE
5.2.						
5.3.						
5.4.						

6.1.	HAVE THESE RELATIVES BEEN CONTACTED? IF NOT GIVE REA	ASON (S)						
	AN ATTEMPT WAS MADE RY PLACING IN THE LOCAL AND REGENAL NEW	A ADURTISE MENTS						
	NO ONE HAS COME FORWARD AS	TEA THE KEY						
	ES.	101.						
6.2.	HAVE THEY CONSENTED TO THE EXHUMATION? IF NOT GIVE F	REASON (S)						
	NO - AS MENTICATED ABOUT							
7.	NAME, ADDRESS AND TELEPHONE NUMBER OF UNDERTAKER							
	NANTIE CROUCAMP AUBOR SCHAMMESBURG							
	(OII) 462-1627 (OR3 362 711-1)							
8.	I, THE UNDERSIGNED	HEREBY						
	AFFIRM THAT THE INFORMATION GIVEN BY ME IN THIS APPLI TRUE AND CORRECT. I UNDERSTAND, THAT MY MISREPRESE	NTATION OF THE STATE OF						
	STATED HEREIN MY RESULT IN ME BEING LIABLE FOR CRII	MINAL AND/ OR CIVIL LAW						
	SIGNEDAT _ enturion THIS 22 rel DAY OF January 20 20							
	SIGNATURE OF APPLICANT							
9.	THE ABOVE-MENTIONED INFORMATION UNDER ITEMS 4 AND 5 IS VERIFIED AND DECLARED CORRECT.							
	14114841 9							
	POLICE OFFICER: S87 GHWHUU SFRANK : SFRANK							
	SERVICE NUMBER: / 794895.9	A SPACE AND SECURITIES OF THE SECURITIES						
	STAMP:	SUID-AFRIKAANSE POLISIEDIENS						
		SAPS LYITELTON						
		2020 -01- 22						
		COMMUNITY SERVICES CENTRE						
10.	CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS	MONTH AFRICAN POLICE SERVICE						
	APPLICATION FORM FOR SUBMISSION TO THIS DEPARTMENT:	MEST ACCOMPANY THIS						
	 Death certificate of the deceased (N/A) 							
	• Identification document of the applicant and families $(\mathcal{H} A)$							
	Affidavits from applicant and family stating reason(s) for exhumating	ion						
	Approval letter of the Department of Health							
	Application form certified by the South African Police Services							
	,							
	 Confirmation letter by the municipality 							
	Confirmation letter by the municipality							

11. FOR ALL GRAVES THAT ARE MORE THAN 60 YEARS YOU NEED TO GET PERMISSION FROM SAHRA AND THEIR CONTACT DETAILS ARE AS FOLLOWS:

South African Heritage Resources Agency Ditsong Museum 432 Paul Kruger Street Pretoria

Tel: 012 320 8490 Fax: 012 320 8486

E-mail: info@sahra.org.za