VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

APPENDIX A

GRAVE RELOCATION PERMISSION FORM

PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

PLEASE NOTE: ONLY MAIN OR RESPONSIBLE MEMBER OF FAMILY TO FILL IN DOCUMENTS

SITE NUMBER:	GRAVE NUMBE	R	131
I Julia Horgu	ane-Identity Numb	er: <u>77 0//</u>	0 142/085
(Hereafter referred to as the Relative	e) declare that I am related	to the deceased w	whose name(s) annear in Schodule A
Vaid that the nathle of the Leistiousu	ID IS as indicated in Schedi	ule A. Kallowing c	angultation with other family
members. I nereby permit I shedza N	Aining Resources (PTY) L	td Manungu Colli	ery and its agents to relocate the
grave(s) of the aforementioned Deceased from their current location	on the former Wellands 1	51 ID D 6 D	
Deceased from their current location Delmas	on the farms: wenaagte 2	/I IR Portion 5 D	elmas and Welgevonden 272 IR
To Sundra.			
To Sundifa.			
I understand that the full cost of the relocation process will be carried out	relocation of the graves w:	I be much be More	C.W.
and within the time bellon ind	icalcu nerein. I impiner ur	deretand that this	nowniggion will be C I I
The state of the s	CHCV (BARIKA) for their o	nnmoval and that	any additional requirements
oxidix might have will be included i	in the process contained in	Schedule B.	
SIGNED AT: on this O d	ay of love to	2018	
Witnessed at: Delmas			
Full Name of Signatory:	· A		
Full Name of Signatory:	a mongw	ire.	***************************************
Physical Address of Signatory:	9906 M12	RDP	Delmas.
Contact details of Signatory: PLEAS	E NOTE at least 2 conta	of numbers	
0 13 333 1828	072676288	7	
DATE: 19/08/2018	Signature X J	Honor	194p
AGRS CONSULTANT PLEASE PRI	INT YOUR NAME	Island	to

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 sakkle agter in die identiteitsdokment 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

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. 770110 1421 08 5

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

HLONGWANE

VOORNAME/FORENAMES

JULIA

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/ DATE OF BIRTH

1977-01-10

DATUM UITGEREIK DATE ISSUED

2002-11-27

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VANDIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE
IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N
IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N
WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

BRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I ORIGINAL DOCUMENT OR A FURTHER CERTIFY THAT, FROM MY OBSEBUATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING/SIGNATURE PANG

MAGSNOMMER 2 9053 RANG

NAAM IN DRUKSKRIF

NAAM IN DRUKSKRIF

Q-

STATION COMMANDER
DELMAS

2018 -08- 17

COMMUNITY SERVICE CENTRE

SUID - AFRIKAANSE POLISIEDIENS

AFRICAN GRAVE RELOCATION SPECIALISTS 46 Vosloo Street 46 Vosloo Street 47 Sinchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@itelkomsa.net

GRAVE SURVEY FORMS

9706	POSTAL ADDRESS	Man	SURNAME OF NEXT-OF-KIN				13/	No	Ref		FARM NAME	FARM NAME
9706 M/2 RDP	DDRESS	Hlogware.	OF OF		A CONTRACTOR OF THE PROPERTY O	0	Hlangware.	of Remains	Surname		m	E
Delmas	ADDRESS	Julia	FIRST NAME OF NEXT-OF-KIN				Tembi	of Remains	First Name	DELMAS MPUMALANGA	Weigevonden 272 IR	Weilaagte 271
								Birth	Date of			
	TELEPHONE NUMBER X 2 M	7701101421	ID NUMBERS	380.2			2 man	Death	Date of		DATE	PROJECT
	NE X 2 MIN	1421085	RS				RS		Nationality		19/00/	PROJECT Manungu Colliery Delmas
		Octor	RELATION						Culture	C	3/06/40/8	lliery Delmas
			GRAVE NO						Religion			

DATE

SIGNITURE J. 1/10-19-10-10

Tribal requirements

•	Blanket and reetmat	YES	NO
•	New Cemetery		
•	Night Vigil	YES	NO
•	What is required for night vigil		
•	Where can night vigil be held		· · · · · · · · · · · · · · · · · · ·
•	How many people will be expected at the night vigil		
•	Transport to and from night vigil is family responsibility		
•	Language and tradition of deceased		
•	Language and tradition of family members		
•	OTHER REQUIREMENTS NOT MENTIONED		
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•			Westinkelman
•			
•	J. Hlongwane		Antonia de la compansión de la compansió
•			***************************************
•			
•			

X



46 Vosloo Street Birchleigh Kempton Park 1619

Tel: 073 192 9390 Fax: 086 515 1178

Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundia
Old grave number: New grave number :
I dentity number 77 0110 1421085 Declare that I am happy with the exhuming and relocation of our family graves. I hereby indemnify African Grave Relocation Specialists and Tshedza Mining Resources (PTY) Ltd Manungu Colliery from any further claims and legal costs.
Name and Surname of family member Signature of family member X J. Hlongwoke Signed on this day the
Signed on this day the 17/08, 2018, at Delmas. (The date)
Signature of Witness
Name and surname of witness
African Grave Relocation Specialists representative signature A Luclik Name and Surname of African Grave Relocation Specialist Representative
Name and Surname of African Grave Relocation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



SOUTH AFRICAN POLICE SERVICE

FUII NAME	ES AND SURNAME Julia Hil	and lake a
ID MIMPEE	2 77 Olla Lugi	RACE/GENDER AGE
DECIDENTIA	AL ADDRESS CROL	RACE/GENDER A AGE
KESIDENTIA	AL ADDRESS 9906 NIZ	
OF!! MINE	Delmas	
CELL NUMB	BER 073 533 1928 WOR	K NUMBER
Mining	great Sister and The permission to another place.	move my sisters
I know and u	understand the contents of the above declara	tion.
	jection to taking the prescribed oath.	
	e above statement to be binding on my cons	cience
	,	J. Hlongwane
		Signature of deponent
certify that t	the deponent knows and understands the co	
	as taken down in my presence and the depor	
	BULLION AFFICIACIÓN POPULACIÓN SE SERVICIO SE SERVICIO SE	placed thereon by
PLACE:	DELMAS SAFSAS	
DATE	2010 10 17	
TIME	: COMMUNITY SERVICE CENTRE	12 Johns or
	SUID - AFRIKAANSE POLISIEDIENS	Commissioner of oath
		CELONA M-5
		Full Names & Surname
		S A POLICE SERVICE

01 LAWA STREET

DELMAS 2210

VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

APPENDIX A

GRAVE RELOCATION PERMISSION FORM

PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

PLEASE NOTE: ONLY MAIN OR RESPONSIBLE MEMBER OF FAMILY TO FILL IN DOCUMENTS

SITE NUMBER: GRAVE NUMBER
1 Nomacala Lina Identity Number: 6106050702082
(Hereafter referred to as the Relative) declare that I am related to the deceased whose name(s) appear in Schedule A. And that the nature of the relationship is as indicated in Schedule A. F. H.
members, I hereby permit I shedza Mining Resources (PTY) Ltd Manungu Colliery and its egents to valence the
grave(s) of the affrencinged
Deceased from their current location on the farms: Weilaagte 271 IR Portion 5 Delmas and Welgevonden 272 IR Delmas
To (Delmas)
I understand that the full cost of the relocation of the graves will be met by Manungu Colliery and that the grave
A TOURS OF PROCESS WHILD CHILD IN MCCORDING WITH MAY INCOME ALL A TOUR AND A TOUR A TOUR A TOUR A TOUR A TOUR AND A TOUR A TOUR AND A TOUR AND A TOUR A TOUR AND A TO
South African Heritage Resources Agency (SAHRA) for their approval and that any additional requirements SAHRA might have will be included in the process contained in Schedule B.
SIGNED AT: on this 10 day of 10 vember 2018
Witnessed at: Delmas
Full Name of Signatory: Nomacela Lina Alongword
11 6 11
Physical Address of Signatory: 64 B Hammond Sk Dungth
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
07-95325345 663 678 1111
DATE: 19/08/2018 Signature X L. Hlongwane AGRS CONSULTANT PLEASE PRINT YOUR NAME Or Luck
AGRS CONSULTANT PLEASE PRINT YOUR NAME Of Luck

AFRICAN GRAVE RELOCATION SPECIALISTS 46 Vosioo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

GRAVE SURVEY FORMS

43	POSTAL ADDRESS	Ho	5	NEXT-OF-KIN				137		No O	Ref		FARM NAME	FARM NAME
& itemmore :	ØDRESS	Marguana		KIN OF			0	Hlong vare		of Remains	Surname		Æ	AE .
646 Hammond Street Denother	ADDRESS	icek /		NEXT-OF-KIN				VLindine	for	of Remains	First Name	DELMAS MPUMALANGA	Welgevonden 272 IR	Weilaagte 271
		Linah						12/11/68		Birth	Date of			
07953253	TELEPHONE NUMBER X 2 MIN	606050702		ID NUMBERS						Death	Date of		DATE	PROJECT
25345	VE X 2 MIN	0702 082		RS		The second description of the second					Nationality		19/0%	PROJECT Manungu Colliery Delmas
			Desks	RELATION							Culture		8102/2018	lliery Delmas
				GRAVE NO						(Religion			

DATE

19/08/2018

SIGNITUREL L. Mongwere

Tribal requirements

•	Blanket and reetmat	YES	NO
•	New Cemetery Delmas		
•	Night Vigil Ves.	YES	NO
	What is required for night vigil		
)	Where can night vigil be held		
	How many people will be expected at the night vigil		
	Transport to and from night vigil is family responsibility		
	Language and tradition of deceased		
	Language and tradition of family members		
	OTHER REQUIREMENTS NOT MENTIONED		

	J. Hlongwane		
	<i>J</i> •		
		Name and Advance or Andrews or Andrews	tylikkelindistinnischdes
			-

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46 Vosloo Street Birchleigh Kempton Park 1619

Tel: 073 192 9390 Fax: 086 515 1178

Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Delmas
Old grave number: New grave number :
I Nomacola Linah Hlongware. Identity number 6/06050702082
Declare that I am happy with the exhuming and relocation of our family graves. I hereby indemnify African Grave Relocation Specialists and Tshedza Mining Resources (PTY) Ltd Manungu Colliery from an further claims and legal costs.
Name and Surname of family member Domacola Linal Mayware
Signature of family member X L. Hlongwane
Name and Surname of family member Signature of family member Signed on this day the 19 /08 2018, at Delmas. (The date)
Signature of Witness
Name and surname of witness
African Grave Relocation Specialists representative signature A Luckie
Name and Surname of African Grave Relocation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

GEREGISTREERDE WOON- EN POSADRES

- 1. Bewaar die bewys van u GEREGISTREERDE WOON-POSADRES in hierdie sakkie.
- 2 Indien u van adres verander het, of indien besonderhede verandere besonderhede verandere besonderhede verandere besonder het verander het die vorm KENNISGEWING VAN ADRESVERANDERHIG in die sakkie agter in die identiteitsdokument is, gebruik word overandering 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

- Keep the proof of your REGISTERED RESIDENTIA
 POSTAL ADDRESS in this pocket.
- 2. If you have changed your address, or, if particulars present address, e.g. name of street and/or street number, a peer changed the NOTICE OF CHANGE OF ADDRESS to pocket at the back of the identity document must be used the change and it must be handed in at or posted to the result of the DEPARTMENT OF HOME AFF

I.D.No. 610605 0702 08 2

S.A.BURGER/S.A.CITIZEN

HLONGWANA

VOORNAME/PORENAMES

NOMACALA LINA

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/DATE OF BIRTH 1961-06-05

DATUM UITGEREIK DATE ISSUED

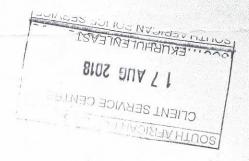
1988-04-25

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE **多数数**

DEL EXC

ISSUED BY AUTHORITY OF THE





/ CLD	
A SERTIFISEER BAT HIERDIE DOKUMENT IN WARE AFDRUK (AFSKRIF) IS VAN IS EK SERTIFISEER VERDER DAT VOLGENS HY WAARNEMING VORGELE WYSIGING OF VEDANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE	A Victorial and the second second
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HAIDED TO ME FOR AUTHENTICATION I FURTHER CERTIFY THAT FROM MY OBSARVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.	
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<u>AFFIDAVIT</u>

FULL NAME: Momarala Vina Hlongwana
IDENTITY NUMBER: 610605 0702 082
RESIDING AT: 64 Hammond Street Dunnotter
EMPLOYED AS Unemployed
AT(BUSINESS ADDRESS)TEL 0 19 532 534 STATES UNDER OATH IN ENGLISH
I Ling Mongegla Hlongwana with the 1d number blobos 0702 082 give Abuyelo Mine in Weilaggle the permission to exhume my late sisters grave (137) Lindiwe Hlongwang who was born on the US May 1964 and died on the 12 November 1968.
CLIENT BEINICE CENTRE OCIENT BEINICE CENTRE
I know and understand te contents of this declaration I have no objection in taking the prescribed oath I consider the prescribed oath to be binding on my conscience. SIGNATURE:
I certify that the above statement was taken by me and that the deponent has
acknowledge that he/she knows and understand the content of this statement.
This statement was sworn/affirmed to before me and deponent's signature/right thumb Print mark was placed in my presence at
COMMISSIONER OF OATH OUT OF OATH FULL NAMES RANK PERSAL NR:

VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

APPENDIX A

GRAVE RELOCATION PERMISSION FORM

PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

PLEASE NOTE: ONLY MAIN OR RESPONSIBLE MEMBER OF FAMILY TO FILL IN DOCUMENTS

SITE NUMBER: GRAVE NUMBER 22 2/1 3

GILLY ETTOM DE CO
Maphule Ling Kutg Identity Number: 48/1260499088
(Hereafter referred to as the Relative) declare that I am related to the deceased whose name(s) appear in Schedule A. And that the nature of the relationship is as indicated in Schedule A. Following consultation with other family members. I hereby permit Tshedza Mining Resources(PTY) Ltd Manungu Colliery and its agents to relocate the
grave(s) of the aforementioned
Deceased from their current location on the farms: Weillaagte 271 IR Delmas and Welgevonden 272 IR Delmas
To (Sunda)
I understand that the full cost of the relocation of the graves will be met by Manungu Colliery and that the grave relocation process will be carried out in accordance with my instructions that are contained in Schedule B attached hereto and within the time period indicated herein. I further understand that this permission will be forwarded to the South African Heritage Resources Agency (SAHRA) for their approval and that any additional requirements SAHRA might have will be included in the process contained in Schedule B.
SIGNED AT: on this 04 day of Charles 2018
Witnessed at: Delmas
Full Name of Signatory: Maphule Ling Kuta
Physical Address of Signatory: 10 Moeti Street Kwa-Themba 1575
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
0825914602 0788790472 0788790172
DATE: 04/08/2018. Signature & Mirel KUTC
AGRS CONSULTANT PLEASE PRINT YOUR NAME Of Luclik



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

KUTA

VOORNAME/FORENAMES

MAPHULE LINA

GLECORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/ DATE OF BIRTH

1948-11-26

DATUM UITGEREIK DATE ISSUED

1992-07-16

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL:

SOUTH AFRICAN POLICE SERVICE

COMMUNITY SERVICE CENTRE

2018 -07- 20

EKURHULENI EAST

SOUTH AFRICAN POLICE SERVICE

IR DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) 15 SERTIFISEER VE DEN

IONKLIKE DOKUMENT WAT AND HAY VIR WAARNEMING VOOD. IFISEER VERDEN DAT, VOLGENS MY WAARNEMINGS, DAAR NA CORSPRONKLIKE DOKUMENT AANGE

BRING IS NIE.

I CERTIFY THAT BEPRODUCTION (COPY) OF THE SET OF AUTHENTICATION I FURTHER

MAGSNOWNER FORCE MUMBER.

7135429

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AG PS VAT 4950212979

AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 49502:12979 CC:2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

APPENDIX B

GRAVE SURVEY FORMS

PORTION NUMBER: FARM NAME Weilaagte 271 IR **PORTION 5** DATE PROJECT 2018

	POSTAL ADDRESS		SURNAME OF NEXT-OF-KIN	22	W	24	77	No	Ref
	DDRESS	Khuden	KIN	Maydakeai	Mayankeni	Markeni	Kata Mayanea	of Remains	Surname
Kwa Temba	PHYSICAL ADDRESS	Maphale Linch	FIRST NAME OF NEXT-OF-KIN	Chris	Paulus	Chushra	i interprete fra	of Remains	First Name
								Birth	Date of
0788790172	TELEPHONE NUMBER	48/126	ID NUMBERS	1831	1975	1980	_	Death	Date of
0/72	X 2 MIN	48 1126 0499088	~						Nationality
		Siske.	RELATION Brother						Culture
×		m 74	GRAVE NÓ						Religion

DATE

X

SIGNITURE

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Tribal requirements

•	Blanket and reetmat	YES	MO
•	New Cemetery Night Vigil Private		
•	Night Vigil Private	YES	NO
•	What is required for night vigil		
•	Where can night vigil be held		
•	How many people will be expected at the night vigil		
•	Transport to and from night vigil is family responsibility		
•	Language and tradition of deceased		
•	Language and tradition of family members		
•	OTHER REQUIREMENTS NOT MENTIONED		
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•	Te. Kufg. ABSA BANC.		
•	ACCOUNT NUMBER 904276015	30	
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AFRICAN GRAVE RELOCATION SPECIALISTS VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals 46 Vosloo Street

Birchleigh Kempton Park 1619 Tel: 073 192 9390

Fax: 086 515 1178 Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6	New grave site:
Old grave number: $22,24,3$	New grave number :
IM aphile Linch Kute,	Identity number 48 1126 0499 088.
	and relocation of our family graves. I hereby indemnify shedza Mining Resources (PTY) Ltd Manungu Colliery from an
Name and Surname of family member Signature of family member χ	Maphule Linah Kuta.
Signed on this day the(The date)	Cengust. 2018, at Delmas
Signature of Witness	
Name and surname of witness	ENEKT GROBIEK
African Grave Relocation Specialists repres	entative signature OrLudk
Name and Surname of African Grave Reloc	ation Specialist Representative Chalacle

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



AFFIDAVIT

A Production		
FULL NAME: MAPHULE LINI	9 1C4	TA
IDENTITY NUMBER: 48/126 04	199 6	88
RESIDING AT: 10 MOETE STREET	7 Ki	2A - THEMA 1575
EMPLOYED AS: PENSIONET		
AT (BUSINESS ADDRESS) N/A	TEL	
STATES UNDER OATH IN ENGLISH:		
I AM DECLARING	THAT	AT WELLS
LEMETORY THERE.	ARE	Memacine de
ing family who was	J 136	ITIED TIES
ARE AS FOLLOWS P	AULOG	S MUYAKENI
HE WAS BURILED	1975,	CHRISTINA
MNYAKENI WAS BEI	21.60	1981 AND
CHRISTY MYDICENI	was	BUNGED 1997
THE PROVE INTER	MATI	OF 18 118.3.
AND CORRECT		12 TRUE
	COUTLIAFE	NO. I.O. O.
	COMMUNI	TY SERVICE CENTRE
		WA-THEMA
	20	18 -07- 30
		HULENI EAST
	1-, '	ICAN POLICE SERVICE,
I know and understand the contents of this declaration	a series	**
have no objection in taking the prescribed oath	*	•
consider the prescribed oath to be binding in my conscient	ence.	
SIGNATURE: L Myall Kite		
certify that the above statement was taken by me and the	at the depone	ent has acknowledged that she/he
The state of this state inch.		2
This statement was sworn/affirmed to before me and the placed in my presence at Kun - Tunt mit son	deponent's sig	gnature/right thumb print/mark was
laced in my presence at KUA- Incmit 801	5 on 20	18-07-30
CARRIED TO		
OMMISSIONER OF OATH		
NUPERCE MATOROCA CO	NSTABLE	E 17278787
LL NAMES	RANK	1/25/11
	MANK	PERSAL NO.
		SCUTH AFRICAN POLICE SERVICE
		COMMUNITY SERVICE CENTRE
		2018 -07- 30 .

EKURHULENI EAST
SOUTH AFRICAN POLICE SERVICE

VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

APPENDIX A

GRAVE RELOCATION PERMISSION FORM

PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

PLEASE NOTE: ONLY MAIN (OR RESPONSIBI	LE MEMBER OF FA	MILY TO FILE
IN DOCUMENTS		4	
		Pol.	
SITE NUMBER: 6	GRAVE NUMBER	\$	61
Hereafter referred to as the Relative) declar	re that I am related to t	460722 O	annear in Schadula A
And that the nature of the relationship is as	indicated in Schedule A	Following consultation wit	h other femily
members. I nereby permit Tshedza Mining I	Resources (PTY) Ltd M	anungu Colliery and its age	ents to relocate the
grave(s) of the aforementioned			
Deceased from their current location on the	farms: Weilaagte 271 I	R Portion 5 Delmas and Wel	gevonden 272 IR
Demias			9
To Tweyorkin Do2			
I understand that the full cost of the relocation	ne nf tha manama a 91 L.		
relocation process will be carried out in acco	on or the graves will be	met by Manungu Colliery a	nd that the grave
South African Heritage Resources Agency (S SAHRA might have will be included in the pl	terein. I further unders AHRA) for their appro- rocess contained in Sch	tand that this permission wi	II be formered at 41
SIGNED AT: on this /O day of	Duember	2018	
Witnessed at: Delmas			
	,	5*	
Full Name of Signatory: Robert	a dune	wani	
Physical Address of Signatory : Kare	- ()	A	
Contact details of Signatory: PLEASE NOT	E <u>at least 2 contact ni</u>	ımbers	
082 8	638418	1079 78	252811
DATE: 10/11/2018	Signature Reha	LECA	
AGRS CONSILTANT PLEASE PRINT VO		aluet.	



GRAVE SURVEY FORMS

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	And Andrews		TROJEC!	PROJECT Manungu Colliery Delmas	lliery Delmas	100
FARM NAME	Welgevonden 272 IR		DATE			
	DELMAS MPUMALANGA					
Ref Surname	First Name	Date of	Date of	Nationality	Culture	Religion
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0	1					
SURNAME OF	FIRST NAME OF		ID NUMBERS	RS	RELATION	GRAVE NO
NEXT-OF-KIN	NEXT-OF-KIN	-				
POSTAL ADDRESS	PHYSICAL		TELEPHONE			
			TACINIDE!	Allini 7 V		

DATE

10/11/2018

SIGNITURE Rebecca

Tribal requirements

•	Blanket and reetmat	YES	NOL
•	New Cemetery Tweeforken 2.		
•	Night Vigil	LYES	NO
•	What is required for night vigil		niary and deliveration
•	Where can night vigil be held		
•	How many people will be expected at the night vigil		
•	Transport to and from night vigil is family responsibility		
•	Language and tradition of deceased		-
•	Language and tradition of family members	diki sipi kecidan kerapisi masa ikip anali ya pampayah ya sense	MANAGEMENT AND A STATE OF THE S
•	OTHER REQUIREMENTS NOT MENTIONED		
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•			PER CONTENTION OF THE
•			

+ Rebecca

VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

46 Vosloo Street Birchleigh Kempton Park 1619

Tel: 073 192 9390 Fax: 086 515 1178

Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Tweeforker A.
Old grave number: 6/ New grave number :
I Rebecce, Lungioni Mgicli Identity number 460722018706 Declare that I am happy with the exhuming and relocation of our family graves. I hereby indemnify African Grave Relocation Specialists and Tshedza Mining Resources (PTY) Ltd Manungu Colliery from any further claims and legal costs.
Name and Surname of family member X Rebecca
Signature of family member
Signed on this day the 10/11 2018, at Defines (The date)
Signature of Witness
Name and surname of witness
African Grave Relocation Specialists representative signature Or Luck
Name and Surname of African Grave Relocation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



· regressi<mark>t (Cartina</mark> Cartina) states in the following the first and the first of the first of

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

- 1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
- 2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 460722 0189 086



SURNAME MGIDI



FORENAMES

REBECCA LUNGISANI

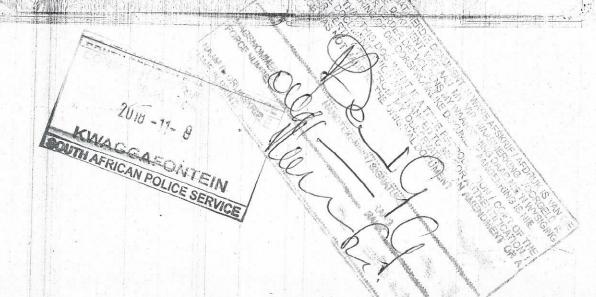
COUNTRY OF BIRTH SOUTH AFRICA

DATE OF BIRTH 1946-07-22



DATE ISSUED 2014-02-20

ISSUED BY AUTHORITY OF HE DIRECTOR-GENERAL HOME AFFAIRS



NDZUNDZA MABHOKO TRADITIONAL COUNCIL

Eng: Johannes Mphakathi Mahlangu

Cell: 071 169 4400

: 078 359 1603

Kwaggafontein "A"

P.O. Box 3116

Empumalanga

0458

Mpumalanga Province

Republic of South Africa

Residential X Business Plot

Certificate of Land Occupation

This bears Testimonial that Mr. / Mrs: Maidi Rebecca Lungisa	~)
ID No. / Reg No: 460722 0189 086 of Site No: 354 Kwag	garantein "A"
TO NO. 7 Reg No .	7)

Under Mkobola Magistrate Area within **Thembisile Hani Local Municipality** is legal owner Of land property in terms of conditions set by Traditional Authority Council in allocating Residential And business site to the community of prohibit the following behaviour.

- 1. Any other unauthorised allocation by individuals.
- 2. People who turn themselves land agents.
- 3. People who can apply land for resale purposes.
- 4. Allocation of site under main electric power line.
- 5. Allocation of site on top of water and sewerage pipeline.
- 6. Building of structure within the perimeters of the land.
- 7. Building of residential houses in low-lying areas closes to rivers and dams.
- 8. Unauthorized invasion of land by some community members.
- 9. In compliance with the land use right scheme of the municipality.

Within the area of the Jurisdiction of His Majesty, our King Mabhoko III,

That includes areas of all his Traditional Leadership Communities under His Senior Traditional Leadership Communities Associating and co-operating with the King of Ndzundza Mabhoko Ndebele Nation at large.

/LLAAS

Chairperson

All you

Secretary





Suid-Afrikaanse Polisiediens

AFFIDAVIT

FULL NAME(S) AND SURNAME: NOTO + R.	Lungistry
ID NO	
45012201	89086
RACE PARICON SEX JENDIE AGE	
RESIDENTIAL ADDRESS:	*
Sterol of 364	. ,
TEL NO. (HOME)(WORK)	CELL NO.
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STATE UNDER OATH:	endroned peru
would like to take	······································
bury hy elled at	Mellegge ed
Cendley) of the place	
Jor Mylang You	
I know and understand the contents of this declaration.	
I have no objective in taking the prescribed oath.	See .
I consider the prescribed oath to be binding on my conscience.	10
	Rebecca
	SIGNATURE
I certify that the above statement was taken by me and that the depone	ent has acknowledged that he/she knows
and understand the contents of this statement. This statement was affir	rmed/ sworn to before me and the
deponent's signature was place there on in my presence at KWAGGAAt (time)	FONTEIN on (date).
	Leves
SAP 13	COMMISSIONER OF OATH
WAGGAFONTEIN	RANK
2018 -08- g 3	SER O HOW -