



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

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 131

I Julia Mlongwane Identity Number: 77 0110 1421 085

(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: Weilaagte 271 IR Portion 5 Delmas and Welgevonden 272 IR Delmas

To Sundra

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 10 day of November 2018

Witnessed at: Delmas

Full Name of Signatory: Julia Mlongwane

Physical Address of Signatory: 9906 N12 RDP Delmas

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers

073 533 1828 0726 762 889

DATE: 19/08/2018 Signature x J. Mlongwane

AGRS CONSULTANT PLEASE PRINT YOUR NAME Aludike

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.

ened
0496

I.D.No. 770110 1421 08 5



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

HLONGWANE

VOORNAME/FORENAMES

JULIA

GEBORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/
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 VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

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

HANDTEKENING/SIGNATURE

MAGSNOMMER
FORCE NUMBER

7209033 RANG
RANK

NAAM IN DRUKSKRIF
NAME IN PRINT

Handwritten signature and name: *Mad. C. C.*

SOUTH AFRICAN POLICE SERVICES
STATION COMMANDER
DELMAS
2018-08-17
COMMUNITY SERVICE CENTRE
SUID - AFRIKAANSE POLISIEDIENS



AFRICAN GRAVE RELOCATION SPECIALISTS

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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: Sundra

Old grave number: 131 New grave number: _____

I Julia Alongwane. Identity 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 Julia Alongwane

Signature of family member x J. Alongwane

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 Ludik

Name and Surname of African Grave Relocation Specialist Representative Aludik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



SOUTH AFRICAN POLICE SERVICE

FULL NAMES AND SURNAME Julia Hlongwane
 ID NUMBER 770110 1421 085 RACE/GENDER A/F AGE _____
 RESIDENTIAL ADDRESS 9906 N12 RDP
Delmas
 CELL NUMBER 073 533 1828 WORK NUMBER _____

STATE UNDER OATH IN ENGLISH I that im Thembi Hlongwane's
biological sister and I give Mbuyelwa
Mining permission to move my sisters
grave to another place.

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

J. Hlongwane
 Signature of deponent

I certify that the deponent knows and understands the contents of the above declaration. The Statement was taken down in my presence and the deponent's signature was placed thereon by the deponent at:

PLACE : DELMAS SAPS
 DATE : 2018-08-17
 TIME : _____
 COMMUNITY SERVICE CENTRE
 SUID - AFRIKAANSE POLISIEDIENS

202876-9
[Signature]
 Commissioner of oath
KEKANA M-S
 Full Names & Surname

S A POLICE SERVICE
 01 LAW A STREET
 DELMAS 2210



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PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

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

SITE NUMBER: _____ GRAVE NUMBER 137

I Nomacela Lina Hlongwana 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. 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: 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 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 10 day of November 2018

Witnessed at: Delmas

Full Name of Signatory: Nomacela Lina Hlongwana

Physical Address of Signatory: 64 B Hammond Str Durban

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers

0795325345 063 678 1111

DATE: 19/08/2018 Signature X L. Hlongwana

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik



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Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Delmas

Old grave number: 137

New grave number: _____

I Nomacola Linah Mlongwane Identity number 6106050702082

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 Nomacola Linah Mlongwane

Signature of family member X L. Mlongwane

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 Luelté

Name and Surname of African Grave Relocation Specialist Representative Aludik

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 besonderede huidige adres, bv. straatnaam en/of -nommer, ens. verander moet die vorm KENNISGEWING VAN ADRESVERANDEPING 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 strak- distrikkantoor van die DEPARTEMENT BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL 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, are been 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 regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 610605 0702 08 2



S. A. BURGER/S. A. CITIZEN
VAN/SURNAME

HLONGWANA

VOORNAME/FORENAMES

NOMACALA LINA

GEBORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/DATE OF BIRTH 1961-06-05



DATUM UITGEREIK
DATE ISSUED

1988-04-25

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL: HOME AFFAIRS

SOUTH AFRICAN POLICE SERVICE
SOUTH AFRICAN POLICE SERVICE
17 AUG 2018
CLIENT SERVICE CENTRE

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

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

HANDTEKENING/SIGNATURE

WAGSNOMMER
FORCE NUMBER

718305

RANG
RANK

NAAM IN DRUKSKRIF
NAME IN PRINT

NOMACALA LINA HLONGWANA



AFFIDAVIT

FULL NAME: Nomacala Lina Hlongwana

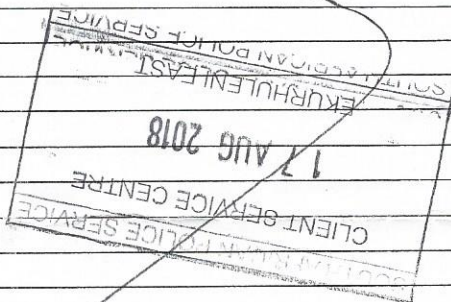
IDENTITY NUMBER: 610605 0702 082

RESIDING AT: 64^b Hammond Street Dunnotlar

EMPLOYED AS Unemployed

AT(BUSINESS ADDRESS) _____ TEL 071 532 5345
STATES UNDER OATH IN ENGLISH

I Lina Nomacala Hlongwana with the id number 610605 0702 082 give Mbuyelo Mine in Weilaagte the permission to exhume my late sisters grave (137) Lindiwe Hlongwana who was born on the 15 May 1964 and died on the 12 November 1968.



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: LINA

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 Dunnotlar on 18-08-17

COMMISSIONER OF OATH
Noufianto Mungu
FULL NAMES

CV
RANK

7185305
PERSAL NR:



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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: 6 GRAVE NUMBER 22 24 3

I Maphule Lina Kuta Identity Number: 4811260499088

(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 (Sunelva)

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 August 2018

Witnessed at: Delmas

Full Name of Signatory: Maphule Lina Kuta

Physical Address of Signatory: 10 Moeti Street Kwa-Themba 1575

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers


0825914602 / 0788790172 ^{1, 01.} 0788790172

DATE: 04/08/2018 Signature x Maphule Lina Kuta

AGRS CONSULTANT PLEASE PRINT YOUR NAME A. Ludik

1

I.D.No. 481126 0499 08 8




S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
KUTA

VOORNAME/FORENAMES
MAPHULE LINA

GEBOORTEDISTRIK 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:
HOME AFFAIRS

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
KWA-THEMA

2018 -07- 20

EKURHULENI EAST

SOUTH AFRICAN POLICE SERVICE

... DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS
... OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOOR
... CERTIFISEER VERDAN DAT, VOLGENS MY WAARNEMINGS, DAAR NE
... WIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AAN
... 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
FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A
CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING/SIGNATURE

MAGSNOMMER / FORCE NUMBER **7182849** RANG / RANK **CS1**

NAAM IN DRUKSKRIF / NAME IN PRINT **M. Maphule**



AFRICAN GRAVE RELOCATION SPECIALISTS
 VAT 49502/12979 CC:2007/153460/23 Trading as Martin's Funerals

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APPENDIX B
GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Mamunga Colliery
PORTION NUMBER :	PORTION 5	DATE	04/08/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
22	Kata Mnyakeni	Phahle Anna		1980			
24	Mnyakeni	Chushe Paulus		1975			
3	Mnyakeni	Chris		1981			
22	Mnyakeni						

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Khuda	Maphule Dinah	48 1126 0499 088	Brother	22
			Sister	24
			Father	3

POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER	X 2 MIN
	Kwa Temba	0788 790 172	
DATE	04/08/2018	SIGNATURE	<i>[Signature]</i>



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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: _____

I Maphule Linah Kuta Identity number 4811260499088

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 Maphule Linah Kuta

Signature of family member x Maphule Linah Kuta

Signed on this day the 04 August 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness LEWET GRESER

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative [Signature]

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



AFFIDAVIT

FULL NAME: MAPHULE LINA ICUTA
 IDENTITY NUMBER: 481126 0499 088
 RESIDING AT: 10 MOETI STREET KWA-THEMA 1575
 EMPLOYED AS: PENSIONER
 AT (BUSINESS ADDRESS) N/A TEL: _____

STATES UNDER OATH IN ENGLISH:

I AM DECLARING THAT AT WELAGTE
CEMETORY THERE ARE MEMBERS OF
MY FAMILY WHO WAS BURIED THERE
ARE AS FOLLOWS PAULOUS MNYAKENI
HE WAS BURIED 1975, CHRISTINA
MNYAKENI WAS BURIED 1981 AND
CHRISTY MNYAKENI WAS BURIED 1983.
THE ABOVE INFORMATION IS TRUE
AND CORRECT

SOUTH AFRICAN POLICE SERVICE
 COMMUNITY SERVICE CENTRE
 KWA-THEMA
 2018 -07- 30
 EKURHULENI EAST
 SOUTH AFRICAN POLICE SERVICE

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.

SIGNATURE: Lhyah Kuteg

I certify that the above statement was taken by me and that the deponent has acknowledged that she/he knows and understand the content of this statement.

This statement was sworn/affirmed to before me and the deponent's signature/right thumb print/mark was placed in my presence at KWA-THEMA SAPS on 2018-07-30

SP Motsofeng
 COMMISSIONER OF OATH

PRUDENCE MATSOBOLA

CONSTABLE E

17235797

FULL NAMES

RANK

PERSAL NO.

SOUTH AFRICAN POLICE SERVICE
 COMMUNITY SERVICE CENTRE
 KWA-THEMA
 2018 -07- 30
 EKURHULENI EAST
 SOUTH AFRICAN POLICE SERVICE



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SITE NUMBER: 6 GRAVE NUMBER: 2 61

I Rebecca Lungisani Identity Number: 460722 0189 086
Mgidi

(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: Weilaagte 271 IR Portion 5 Delmas and Welgevonden 272 IR Delmas

To Twedfontein No 2

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 10 day of November 2018

Witnessed at: Delmas

Full Name of Signatory: Rebecca Lungisani

Physical Address of Signatory: Kwaggafontein A

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers

082 863 8412 / 079 7852 811

DATE: 10/11/2018 Signature Rebecca

AGRS CONSULTANT PLEASE PRINT YOUR NAME Aludik



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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Tweefontein A

Old grave number: 61

New grave number: _____

I Rebecca Lungwani Ngidi Identity number 4607220189086

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 Debras
(The date)

Signature of Witness _____

Name and surname of witness _____

African Grave Relocation Specialists representative signature C. Lueth

Name and Surname of African Grave Relocation Specialist Representative Lueth

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

NOTICE OF PERSONAL PARTICULARS

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



S.A.CITIZEN

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
THE DIRECTOR-GENERAL
HOME AFFAIRS

2018-11-9
KWAGGA-FONTEIN
SOUTH AFRICAN POLICE SERVICE

Handwritten signature: Rebecca Lungisani

Handwritten text: *19*

Handwritten text: *2018-11-9*

Handwritten text: *2018-11-9*

NDZUNDTA MABHOKO TRADITIONAL COUNCIL

Enq: Johannes Mphakathi Mahlangu

Kwaggafontein "A"

Cell: 071 169 4400

P.O. Box 3116

: 078 359 1603

Empumalanga

0458

Mpumalanga Province

Republic of South Africa

Residential Business Plot

Certificate of Land Occupation

This bears Testimonial that Mr. / Mrs: Mgidi Rebecca Lungisani

ID No. / Reg No: 460722 0189 086 of Site No: 354 Kwaggafontein "A"

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.

IKLAAS

Chairperson

[Signature]

Secretary





AFFIDAVIT

FULL NAME(S) AND SURNAME: Meloi R. Lungisa

ID NO

4 5 0 7 2 2 0 1 8 9 0 8 6

RACE: African SEX: female AGE:

RESIDENTIAL ADDRESS:

Kwaggafontein A
Stand No 354

TEL NO. (HOME).....(WORK).....CELL NO.....

STATE UNDER OATH:

I the above mentioned person
would like to take my child
who was buried at Wellege ad
bury my child at Makgobane road
completing as the place will be use
for my own use

I know and understand the contents of this declaration.

I have no objective in taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience.

Rebecca
SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understand the contents of this statement. This statement was affirmed/ sworn to before me and the deponent's signature was place there on in my presence at KWAGGAFONTEIN on (date).

.....At (time).....

[Signature]
COMMISSIONER OF OATH
Constable
RANK
SERONHONA
FULL NAMES



ADDRESS