



**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 112

Zodwa Esther Mnguni  
Identity Number: 8111060966089

(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 Kwamhlanga

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 Nov. 2018

Witnessed at: Delmas

Full Name of Signatory: Zodwa Esther Mnguni

Physical Address of Signatory: 0723700610 or 0794339030

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

Stand 2201 Mountain View.

DATE: 10/11/2018 Signature: Z.E. Mnguni

AGRS CONSULTANT PLEASE PRINT YOUR NAME Aludik







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## Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Kwamhlanga.

Old grave number: 112.

New grave number: \_\_\_\_\_

I Zodwa Esther Identity number 8111060766089.  
Nguni

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 Zodwa Esther Nguni

Signature of family member Z.E. Nguni

Signed on this day the 10/11 2018, at Selmas  
(The date)

Signature of Witness Z.E. Nguni

Name and surname of witness \_\_\_\_\_

African Grave Relocation Specialists representative signature A Ludik

Name and Surname of African Grave Relocation Specialist Representative A Ludik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



2018-11-08  
KWAMHLANGA 1022  
SOUTH AFRICAN POLICE SERVICE

# AFFIDAVIT

FULL NAME & SURNAME: ZODWA ESTHER MUGUMI

ID No 8111060966089 D.O.B 1981/11/06 AGE     

LANGUAGE: NDEBELE RACE: AFRICAN SEX: FEMALE

RESIDENTIAL ADDRESS: STAND no. 2201 MOUNTAIN VIEW  
ZONE 2 HWAMHLANGA

Tell work      Cell 0723700610

STATE UNDER OATH:

THAT I AM THE DAUGHTER OF THE  
PETER MUGUMI MY FATHER PASSED AWAY  
IN 1984 AND HE WAS BURIED AT  
VELLAGTE FARM NEAR DELMAS AREA. MY  
FATHER WAS CUSTOMARILY MARRIED TO MY  
ELIZABETH KABIM WITH ID: SH0417 0908 084  
WHO IS MY BIOLOGICAL MOTHER. I HEREBY  
CONFIRM THAT I DO AGREE THAT MY LATE  
FATHER GRAVE BE REMOVED FROM VELLAGTE  
FARM TO HWAMHLANGA MOUNTAIN VIEW  
GRAVE YARD.

I KNOW AND UNDERSTAND THE CONTENTS OF THE ABOVE DECLARATION  
I HAVE NO OBJECTION TO TAKE THE PRESCRIBED OATH  
I CONSIDER IT BINDING ON MY CONSCIENCE

Z.E. Mugumi  
SIGNATURE

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS AKNOWLEDGE THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS AFFIRMED/SWORN TO BEFOR ME AND THE DEPONENT'S SIGNATURE WAS PLACE D THEREON IN MY PRESENCE

DATE 2018-11-08 TIME 14:07

FULL NAME Jusi J. Tshepo

ADDRESS HWAMHLANGA

RANK Const

[Signature]  
COMMISSIONER OF OATH

**SOUTH AFRICAN POLICE SERVICE  
COMMUNITY SERVICE CENTRE**

**2018 -09- 07**

**COMMUNITY SERVICE CENTRE  
TWEEFONTEIN**

**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, by 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. 811106 0966 08 9**



**S. A. BURGER/S. A. CITIZEN**

**VAN/SURNAME  
MNGUNI**

**VOORNAME/FORENAMES  
ZODWA ESTHER**

**GEBOORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH**

**SOUTH AFRICA**

**GEBOORTEDATUM/  
DATE OF BIRTH**

**1981-11-06**

**DATUM UITGEREIK  
DATE ISSUED**

**2003-02-12**



**UITGEREIK OF GEGAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE**

**ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS**

**Ek sertifiseer dat hierdie afskrif (afskrif) is van die oorspronklike dokument en dat die verandering voorgedra is. Ek sertifiseer dat hierdie afskrif 'n ware afskrif is van die oorspronklike dokument.**

**I certify that this document is a true reproduction (copy) of the original document and that the change mentioned is an amendment or a change was not made to the original document.**

**HANDTERENING/ SIGNATURE**

**RANG RANK**

**MACRONOMMER NUMBER**

**DRUKSKRIF NAME IN PRINT**

*[Handwritten signature and name in print]*



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MASUMBUKA.

## 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 31

I Ngejani Anna Masum Identity Number: 200 622 0192 087  
BUKA.

(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 Kwaggafontein.

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: Ngejani Anna Masumbuka

Physical Address of Signatory: Stand 543 Uitsigweg

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

07 671 814 05

DATE: 10/11/2018 Signature X Sophie

AGRS CONSULTANT PLEASE PRINT YOUR NAME Aludiki









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## Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Kwaggafontein

Old grave number: 31

New grave number: \_\_\_\_\_

I Ngejane Anna Nzenbuka Identity number 2006220192082

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 Ngejane Anna Nzenbuka

Signature of family member X Sophie

Signed on this day the 10/11 2018, at Delmas  
(The date)

Signature of Witness \_\_\_\_\_



Name and surname of witness \_\_\_\_\_

African Grave Relocation Specialists representative signature A Luella

Name and Surname of African Grave Relocation Specialist Representative Cheuk

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

8	1
<b>ADDITIONELE VUURWAPENLIENSIE</b> <b>ADDITIONAL FIREARM LICENCE</b>	<b>I.D.No. 200622 0192 08 7</b>  <b>S.A. BURGER/S.A. CITIZEN</b>
	<b>VAN/SURNAME</b> <b>MASUMBUKA</b>
	<b>VOORNAME/FORENAMES</b> <b>NGEJANI ANNA</b>
	<b>GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH</b> <b>SOUTH AFRICA</b>
	<b>GEBOORTEDATUM/DATE OF BIRTH</b> <b>1920-06-22</b>
	<b>DATUM UITGEREIK DATE ISSUED</b> <b>1988-01-14</b>
	<b>UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE</b>
	<b>ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS</b>
<i>17465742</i> <i>Kalafong HOSP</i> <b>02001773</b> <b>1510172700</b>	

SOUTH AFRICA POLICE  
 SAP 13  
 KWAGGAFONTEIN  
 2013-08-15  
 KWAGGAFONTEIN  
 SOUTH AFRICAN POLICE SERVICE

EKSEKUTIEVE  
 OORSPROKING  
 VAN  
 I OORSPROKING  
 VAN  
 I OORSPROKING

MAGSNUMMER  
 FORCE NUMBER *9234694*  
 NAAM IN DRUKKRIF  
 NAME IN PRINT *Mr. M. M. M. M.*

SIGNATURE *[Signature]*  
 TANGKANG *[Signature]*

AUTHORITY OF THE  
 AUTHORITY OF THE  
 AUTHORITY OF THE

Full name surname: Christina Sophie Mhlangu

ID no 5404120883086

Language: ndebele Race: African Sex: Female

Residential address: Stad 543 Uvengawag

Work address: .....

Tell (Work): ..... Tell home: ..... Cell: 0167181405

**STATE UNDER OATH:**

That I am the above mentioned person resided at the above residential address I am the daughter of the late Joseph Butcher Mhlangu we were staying with him at Delmas wetagete until we bury him and now we no longer staying with 95 delmas we are staying at Uvengawag.

I know and understand the contents of the above declaration  
I have no objection to take the prescribed oath  
I consider it binding on my conscience

Sophie  
Signature

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 statement. This statement was affirmed / sworn to before me and the deponent's signature was places thereon in my presence at (Place) Kwaggafontein on (Date) 2018 / ..... / ..... At (Time) .....

[Signature]

Commission of Oath  
[Signature]

Full names and surname  
[Signature]

Rank  
Kwaggafontein



# MPZUNZA SOMPHALALI TRADITIONAL COUNCIL

P.O BOX 385  
EMPUMALANGA  
0458

ENQUIRIES: RB MAHLANGU

CELL NO: 073 218 1579 / 079 953 4388

TO WHOM IT MAY CONCERN

I Robert Bongani Mahlangu as the Senior Traditional leader of the above mentioned Traditional Council, give permission to MRS ANNAN MASOMBUKA to bury her late husband in our place.

We hope you can help her with any assistant that she may need.

Hope you find this in order

Kind regards



IKOSI RB MAHLANGU





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*Masuku.*

## 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 6902150562081

I Christina Sibongile Masuku Identity Number: 272105113

(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 Kwagga farms

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 December 2018

Witnessed at: Delmas

Full Name of Signatory: Christina Sibongile Masuku

Physical Address of Signatory: Stand 60 Frischgewaagd

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

0763739887 0660888616

DATE: \_\_\_\_\_ Signature x Christina

AGRS CONSULTANT PLEASE PRINT YOUR NAME Christina

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. 690215 0562 081



S.A.CITIZEN

SURNAME  
**MASUKU**

FORENAMES  
**CHRISTINA SBONGILE**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**1969-02-15**



DATE ISSUED  
**2016-01-11**

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

IKSERTIFISEERDE  
DOORSKRONKLIKE DOOR  
BESKRIJWING VAN  
OF VERANDERING OF  
I CERTIFY THAT THIS IS  
ORIGINAL DOCUMENT  
THEIR CERTIFICATE  
WAS NOT MADE

ADDITION (COPY) OF THE  
IDENTIFICATION/FUR-  
TEMENT OR A CHANGE

EFENING/SIGNATURE  
RANG RANK

MAGSNUMMER  
FORCE NUMBER  
NAAM IN DRUK  
NAME IN PRINT

71355332  
52

SOUTH AFRICAN POLICE SERVICE  
KWAGGAFONTAIN  
2018 -11- 09  
KWAGGAFONTAIN



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**GRAVE SURVEY FORMS**

FARM NAME		Wellaagte 271		PROJECT		Manungu Colliery Delmas	
FARM NAME		Welgevonden 272 IR		DATE			
DELMAS MPUMALANGA							
Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
2	Masuku	Moses	1912	1974			
72	Masuku	Anna		1981			
105	Masuku	Stanford	1969	1951			
113	Masuku	Godina	1972	1979			
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION GRAVE NO	
Masuku		Christine Sibongile		6902150562081			
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			
Stand 600		Trushygcwagel					

DATE 10 Jul 2018

SIGNATURE Christina







AFFIDAVIT

FULL NAME(S) AND SURNAME MASUKU CHRISTINA SBONGILE  
ID NO

6 9 0 2 1 5 0 5 6 2 0 8 1

RACE AFRICAN SEX FEMALE AGE

RESIDENTIAL ADDRESS:  
STAND NO 600  
URUSHOBWAOTE

TEL NO (HOME).....(WORK)..... CELL NO 0763739887

STATE UNDER OATH:

I HAD BEEN RESIDING AT VELAQOS  
FARM SINCE 1967 UNTIL 1981 AND  
WE LEFT OUR GRAVES THERE AS  
WE NOW RESIDING AT URUSHOBWAOTE  
THEREFORE I AM PLEADING FOR ASSI-  
STANT IN RENOVATING THOSE GRAVES  
ON THE FARM.

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.

Christina  
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)

18.10.05 At (time) 17:00

SOUTH AFRICAN POLICE SERVICE  
COMMUNITY SERVICE CENTRE  
KWAGGAFONTEIN  
2018 -10- 05  
KWAGGAFONTEIN  
SOUTH AFRICAN POLICE SERVICE

ADDRESS: KWAGGAFONTEIN

J. J. 8012855-3  
COMMISSIONER OF OATH  
CS  
RANK  
M. Humungu  
FULL NAMES



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## Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Kwaggafontein

Old grave number: 2, 72, 105, 113 New grave number: \_\_\_\_\_

I Christina Sibongile Nwaka Identity number 6902150562081

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 Christina Sibongile Nwaka

Signature of family member x Christina

Signed on this day the 10/11 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 A Ludik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

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