



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: 6 GRAVE NUMBER 1, 8, 76 5

I Nehemiah Kutumela Identity Number: 59003015406085

(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 Sandra

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: Nehemiah Kutumela

Physical Address of Signatory: 442 Naombuka Ste Delmas

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

072 0613588
DATE: 04/08/2018 Signature [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik



AFRICAN GRAVE RELOCATION SPECIALISTS

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48 Vosloo Street

Birchleigh

Kempston Park

1619

Tel: 073 192 9390

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Email: aludik@jelkomsa.net

APPENDIX B

GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Mannagun Coal
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
1	Adala	Thomas					
8	Mnguni	(Mogobel) Mimi Kabe		07/05/60			
5	Mnguni	Daniel Raba		03/11/65			
76 75	Mnguni	Maraleni Petrus		14/2/65			

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Kutumela.	Nehemia.	590030546085		1
Nehem	Nehemia			5
				76
POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER	X 2 MIN	
	1442 Macabuku Street			
	Nehem			

DATE 04/08/2018

SIGNATURE X. [Signature]



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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundra

Old grave number: 22, 24+3 New grave number: _____

I Maphule Lina 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 Lina Kuta

Signature of family member [Signature]

Signed on this day the 04 10 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness KWERT GKEBLEN

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



AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 4950212979 GC 2007/153460/23

10 Umhlaas Street
Aero Rand
1055
013 244 1812
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

143
144
1014
1024
1094
1104
1114

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

125, 127, 128, 114, 106, 107, 108, 111, 108

SITE NUMBER 6

GRAVE NUMBER 126, 124, 123, 120, 122, 112, 113

I Samson Mnguni

Identity Number: 3510065102084

(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 Delmas) and its agents to relocate the grave(s) of the aforementioned

Deceased from their current location on the farm: Weilaagte 271 and Welgevonden 272 IR Delmas Mpumalanga

To Sundra

I understand that the full cost of the relocation of the graves will be met by Tshedza Mining Resources (Pty) Ltd 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: DELMAS 14 day of July 2018

Witnessed at: Delmas

Full Name of Signatory: Samson Mnguni

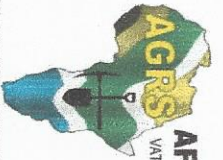
Physical Address of Signatory: Delmas

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

076 5247855

DATE: 14/07/2018 Signature x S. Mnguni

AGRS CONSULTANT PLEASE PRINT YOUR NAME A. Ludik



AFRICAN GRAVE RELOCATION SPECIALISTS
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GRAVE SURVEY FORMS

FARM NAME	<i>Weylbaak 271</i>	PROJECT	<i>Grave Relocation</i>
PORTION NUMBER :	<i>Portion 5</i>	DATE	<i>14/07/2018</i>

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
<i>101</i>							
<i>102</i>							
<i>106</i>							
<i>107</i>							
<i>108</i>							
<i>109</i>							
<i>110</i>							
<i>111</i>							
SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO			
POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN					

DATE *14/07/2018*

SIGNATURE _____



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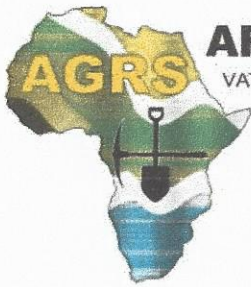
Email: aludik@elekonsa.net

GRAVE SURVEY FORMS

FARM NAME: _____
 PORTION NUMBER: Welbyk. 27178 PROJECT DATE: 14/07/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
112							
113							
114							
120							
122							
123							
124							
125							
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION	GRAVE NO
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			

DATE: 14/07/2018 SIGNATURE: _____



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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: ⁶ Partion 5 Weiberg 271-JA New grave site: Sundra

Old grave number: _____ New grave number : _____

I Samson Mguni Identity number 3510065102084

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 Samson Mguni

Signature of family member x S. Mguni

Signed on this day the 14th July 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness LIVERT PASTOR

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative AK

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



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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: 6 GRAVE NUMBER 45

I Wyn Paulus Mbonani, Identity Number: 43 1113 5266 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: Weillaagte 271 IR 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 28 day of July 2018

Witnessed at: Delmas

Full Name of Signatory: Wyn Paulus Mbonani

Physical Address of Signatory: 15048 EXT. 21 Davyton.

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

071 6146991

DATE: 28/07/2018 Signature: x. Paulus

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Aludik



AFRICAN GRAVE RELOCATION SPECIALISTS
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APPENDIX B

GRAVE SURVEY FORMS

FARM NAME: Verlaag 271 IR PROJECT: Manga
 PORTION NUMBER: 5 DATE: 28/07/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
45	Mbonani	Kathleen	11/3/1918	2016/1976			

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Mbonani	Myn Paulus	4311135266085	Father	

POSTAL ADDRESS: _____ PHYSICAL ADDRESS: Delmas

TELEPHONE NUMBER: _____ X 2 MIN: _____

DATE: 28/07/2018

SIGNATURE: X Paulus

Tribal requirements

- Blanket and reetmat YES NO
- New Cemetery Sundra
- Night Vigil Arak 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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DALLOS



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1619

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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundia

Old grave number: 45 New grave number: _____

I Wyn Paulus Mbonani Identity number 4311135266085

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 Wyn Paulus Mbonani

Signature of family member x Paulus

Signed on this day the 28th July 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness LEWIS GROVER

African Grave Relocation Specialists representative signature [Signature]

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



AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 4950212979 CC 2007/153460/23

10 Umlaas Street

Aero Rand

1055

013 244 1812

Tel: 073 192 9390

Fax: 086 515 1178

Email: aludik@talkomsa.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 6 GRAVE NUMBER 140, 141, 134, 136, 135
I J A Tshabangu Jabulani Jabram Identity Number: 6609155311089

(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 Delmas) and its agents to relocate the grave(s) of the aforementioned

Deceased from their current location on the farm: Weilaagte 271 and Welgevonden 272 IR Delmas Mpumalanga

To Sundria

I understand that the full cost of the relocation of the graves will be met by Tshedza Mining Resources (Pty) Ltd 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: DELMAS 14th day of July 2018

Witnessed at: Delmas

Full Name of Signatory: Jabulani Abram Tshabangu

Physical Address of Signatory: _____

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

DATE: 14/07/2018 Signature: [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludike

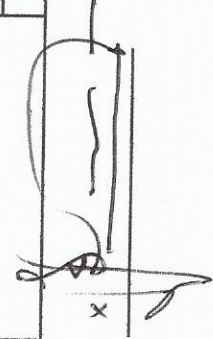


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GRAVE SURVEY FORMS

FARM NAME		Weilaagte 271		PROJECT		Manungu Colliery Delmas	
FARM NAME		Welgevonden 272 IR		DATE		14/07/2018	
		DELMAS MPUMALANGA					
Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
140	Sibanyoni	Migile					
141	Sibanyoni	Elizbeth					
134	Sibanyoni						
136	Sibanyoni						
135	Sibanyoni						
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION	GRAVE NO
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			

DATE 14/07/2018

SIGNITURE 



AFRICAN GRAVE RELOCATION SPECIALISTS

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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: 140, 141, 134, 136 New grave number: _____
135

I Jabulani Abram Tshabangu Identity number 66 09 155 311 089

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 Jabulani Abram Tshabangu

Signature of family member [Handwritten Signature]

Signed on this day the _____ 2018, at _____
(The date)

Signature of Witness [Handwritten Signature]

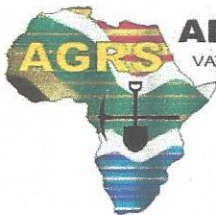
Name and surname of witness KWERT EKOBEL

African Grave Relocation Specialists representative signature [Handwritten Signature]

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

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



AFRICAN GRAVE RELOCATION SPECIALISTS

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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 98 93

I Maria Anani Lukhele Identity Number: 6406150329087

(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 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 04 day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Maria Anani Lukhele

Physical Address of Signatory: Wilbank

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

0781965201 0715168098

DATE: 04/08/2018 Signature: [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Lukhele



AFRICAN GRAVE RELOCATION SPECIALISTS
 Trading as Mantis Funerals
 VAT 49502/12579 CC 2007/15346023

46 Vosloo Street
 Birchleigh
 Kempton Park
 1619
 Tel: 073 192 9390
 Fax: 086 515 1178

Email: aludik@elkonsa.net

GRAVE SURVEY FORMS

FARM NAME	Weiilaagte 271	PROJECT	Manungu Colliery Delmas
FARM NAME	Welgevonden 272 IR	DATE	24/08/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
93	Skosana	George		1985			
98	Mahlangu	gethude					
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION	GRAVE NO
Maria Anndi Lubhele.		Maria.		078 1965201		Brotherchild	98.
				6406150329087			
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			
		Wilbank.		0781965201.			

DATE _____

SIGNATURE *(Signature)*

Tribal requirements

• Blanket and reetmat YES ~~NO~~

• New Cemetery Sunda

• 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**

• Banking details

• FNB Maria Lukhele

• 62338840285

• _____

• _____

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• _____

• _____

• _____

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• _____

• _____





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Grave Relocation sign off document and Indemnity form

Old site number: 98 93 New grave site: Sandra

Old grave number: 6 New grave number: _____


I Maria Annah Lukhele Identity number 6406150329087

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 Maria Annah Lukhele

Signature of family member 

Signed on this day the 04/08 2018, at Damas
(The date)

Signature of Witness 

Name and surname of witness Wanda Gwebu

African Grave Relocation Specialists representative signature 

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

AFFIDAVIT

I, (Full names) MARIA ANNAH LUKHELE
with ID no. 6406150329087, gender FEMALE, age 54, Cell no. 0781965201/0715168098
Residing at 4270 JOHNSON DRIVE ACKERVILLE 1039

State under oath.

I MARIA ANNAH LUKHELE ID NO 6406150329
08 7. I HERBY PERMIT AGRS TO RELOCATE
MY FAMILY GRAVES NUMBER 93 AND 98 TO
SANDRA CEMETRY FROM WEILASTE 2711 R
DELMAS

S.U.D. FRIKANSSE POLISIEDIENS
COMMUNITY SERVICE CENTRE
2018 -08- 18
P.O. BOX 457 WITBANK 1034 VOSMAN
SOUTH AFRICAN POLICE SERVICE

The above statement was made by me at the place, date and time as indicated.

"I know and understand the contents of this statement"

"I have no objection to taking the prescribed oath"

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

[Signature]
(Signature of deponent)

I certify that the deponent has acknowledged that he/she knows and understands the contents of this statement which was sworn to before me and the deponent's signature was placed thereon in my presence.

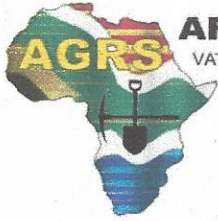
SIGNED AND SWORN TO IN MY PRESENCE ON THIS, THE 18 DAY OF 08 / 2018
AT Vosma AND AT 09:30 (Time)

[Signature]
Commissioner of Oaths

Full names J. Kwan

Capacity SORLORAN

Business address matheu phiso Drive
Vosma



AFRICAN GRAVE RELOCATION SPECIALISTS

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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: 6 GRAVE NUMBER 65 61 34

I Dweni Joseph Ngidi Identity Number: 4304055152088

(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 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 04 day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Dweni Joseph Ngidi

Physical Address of Signatory: Stand 354 Kwaggafontein A M Kobala
Siyabuswa.

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

083 075 9816

DATE: 04/08/2016 Signature X: maid: 11 10 5

AGRS CONSULTANT PLEASE PRINT YOUR NAME Amy Ludike



AFRICAN GRAVE RELOCATION SPECIALISTS
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 Tel: 073 192 9390
 Fax: 086 515 1178
 Email: aludik@telkomsa.net

APPENDIX B
GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Mungwa Cemetery
PORTION NUMBER :	PORTION 5	DATE	04/08/2018
			2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
65	Masebola	Gerimiah		1978			
61	Mgidi	Jordan		1980			
34	Mokgano	Vusi	Sisters child				

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Mgidi	Dweni Joseph	4304055752 088	Father	65
			Children	61
			Children	34

DATE 04/08/2018

SIGNATURE X ma'di, D.S

PHYSICAL ADDRESS
 Kwaggafontein

TELEPHONE NUMBER X 2 MIN
 083 075 9816



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: Delmas - Sundra. ?

Old grave number: 65, 61, 34

New grave number: _____

I Dweni Joseph Ngidi Identity number 4304055152088

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 Dweni Joseph Ngidi

Signature of family member x. Dweni Ngidi

Signed on this day the 04/08/1 2018, at Delmas.
(The date)

Signature of Witness [Signature]

Name and surname of witness KWELI BROCK

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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GREGISTREERDE 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 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. 430405 5152 08 8



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

MGIDI

VOORNAME/FORENAMES

DWENI JOSEPH

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1943-04-05

DATUM UITGEREIK
DATE ISSUED

1994-03-21



UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT

FULL NAMES AND SURNAME DWENI JOSEPH MGIIDI
 ID NUMBER 4304055152088 RACE/GENDER AM AGE _____
 RESIDENTIAL ADDRESS 354 KWAGGAFONTEIN KWAGGA
 CELL NUMBER 0834759816 WORK NUMBER _____

STATE UNDER OATH IN ENGLISH THAT:

I DWENI JOSEPH MGIIDI CERTIFY THAT I AM
 BIOLOGICAL SON OF THE LATE JEREMIAH MGIIDI
 WHO PASSED AWAY MANY YEARS AGO AT
WELWAGTE FARM UNDER DELMAS MBANGALA
DISTRICT WITH TWO CHILDREN VUSI MOSANO AND
DANIEL MGIIDI. ALL THE GRAVE WAS AT
WAAIWAAGTE FARM. SO I MADE AN AFFIDAVIT
 TO PROOF THAT JEREMIAH MGIIDI IS MY FATHER
 AND DANIEL MGIIDI AND VUSI MOSANO IS MY
 BIOLOGICAL CHILDREN.

- 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.

DWENI MGIIDI
 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 : 2018/08/04
 TIME : 11:20

Mosamone G. G. G. G.
 Commissioner of oath
Mosamone G. G. G. G.
 Full Names & Surname

S A POLICE SERVICE
 1 LAWA STREET, Delmas, 2210

SOUTH AFRICAN POLICE SERVICE
 STATION COMMANDER
 DELMAS
 2018 -08- 04
 COMMUNITY SERVICE CENTRE
 SUID - AFRIKAANSE POLISIEDIENS



AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 4950212979 CC 2007/153460/23

10 Umhlaas Street

Aero Rand

1055

013 244 1812

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 6 GRAVE NUMBER 9

I Shadrack Mbweni

Identity Number: 6206205658088

(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 Delmas) and its agents to relocate the grave(s) of the aforementioned

Deceased from their current location on the farm: Weilaagte 271 and Welgevonden 272 IR Delmas Mpumalanga

To Pumlane Dawayen

I understand that the full cost of the relocation of the graves will be met by Tshedza Mining Resources (Pty) Ltd 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: DELMAS 28 day of July 2018

Witnessed at: Delmas

Full Name of Signatory: Shadrack Mbweni

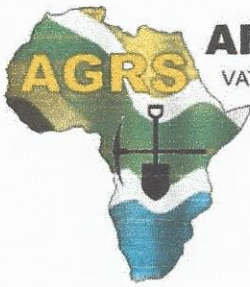
Physical Address of Signatory: Dawayen

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers 083 435 8921

Dawayen 0711054193

DATE: 28/07/2018 Signature [Signature] Witness [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME Ang Ludik



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: Pumlane Daveyton

Old grave number: 9

New grave number: _____

I Shadrack Mbweni Identity number 6206205658088

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 Shadrack Mbweni

Signature of family member [Signature] v. [Signature] Witness [Signature]

Signed on this day the 28 July 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness KWESI GROVER

African Grave Relocation Specialists representative signature [Signature]

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

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. 620620 5658 088



S.A.CITIZEN

SURNAME
MTSHWENI

FORENAMES
SHADRACK

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1962-06-20



DATE ISSUED
2011-01-19

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



AFFIDAVIT

FULL NAME SHADRACK MTSHWENI
 IDENTITY NUMBER: 620620 5658 088
 RESIDING AT 15896 MANDLA EXT 8 ETWATWA
 EMPLOYED AS UNEMPLOYED
 TEL. NO. (H) - (W) - CELL 0711054193

STATES UNDER OATH IN ENGLISH

This serve to confirm that Smomo Mtswheni born 1964 and passed away during 1967 is my sister and was buried at Velagde Delmas Cemetery. Her parents passed away as well. I as the brother I have agreed to (ASRS) African Grave Relocator Specialist tel 073 192 9390 to remove the grave and rebury her at Phumalavi Semetry Due to the reason that the area where she is has been declared to be a mining place.

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 on my conscience.

[Signature]
 SIGNATURE DEPONENT

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn/affirmed to before me and deponents signature/right thumb print/mark was placed thereon in my presence at Etwatwa S.A.P.S.

on 2018-08-01 at 11:05

SOUTH AFRICAN POLICE SERVICE
 ETWATWA SAPS
 CLIENT SERVICE CENTRE
 2018-08-01
 DATE STAMP
 65 GIDEON NKOMO AVE
 ETWATWA 1519
 SUID AFRIKAANSE POLISIEDIENS

[Signature]
 COMMISSIONER OF OATHS
[Signature]
 (FULL NAMES)
 SOUTH AFRICAN POLICE SERVICE
 65 GIDEON NKOMO AVENUE ETWATWA
[Signature]
 RANK



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: 6 GRAVE NUMBER 111 89

I Sipho S Dhlamini Identity Number: 7801085798084

(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 Daveyton

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: Sipho S Dhlamini

Physical Address of Signatory: Daveyton

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

079 073 0277 / 076180 8196
DATE: 04/08/2018 Signature: [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik



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 B

GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Manguu College
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
111	Manguu	N Larry		13/6/82			

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Dlamini	Sipho S	7801085798084	Mother	111
POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN		
	Daveyton	0261808196 074		

DATE 04/08/2018

SIGNATURE X 

Tribal requirements

• Blanket and reetmat ✓
YES NO

• New Cemetery Daweyta

• 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**

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

[Handwritten Signature]



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: Daveyton
Old grave number: Al Ho 111, 29 New grave number: _____

I Sipho S Dhlamini Identity number 7801085798084

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 Sipho S Dhlamini

Signature of family member X [Signature]

Signed on this day the 04/08 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness Kwesi Grobler

African Grave Relocation Specialists representative signature A Ludike

Name and Surname of African Grave Relocation Specialist Representative A Ludike

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

NAME AND SURNAME :

Sipho STEPHEN Dhlamini

ID NUMBER/PASSPORT:

7801085798084

RESIDENTIAL ADDRESS:

2887 Etwatwa East

Daveyton

WORK ADDRESS :-

n/a

0790730277

CELL-PHONE NUMBER /
TELEPHONE NUMBER:

0780899912

.....
Maria Mnguni - III

I am here to give permission to relocate the
grave AGRS to remove it to Daveyton
Ephumani graveyards
.....
.....
.....
.....

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

SIGNATURE: _____



I certify that the above mentioned statement was taken by me, and the deponent acknowledged that he/she knows and understand the contents of the statement which was sworn / affirmed before me and deponent's signature / right thumb print / mark was placed in my presence at DAVEYTON SAPS

DATE: 2018-08-07

COMMISSIONER OF OATH: _____

PP Malinga
1172670

NAME AND SURNAME: _____

Phumile Malinga

RANK: _____

CST

Pl. de. Rank



AFRICAN GRAVE RELOCATION SPECIALISTS

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

46 Vosloo Street
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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 89 43

I Buti Jan Dlamini Identity Number: 6403135459089

(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 Davyton

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 11th day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Buti Jan Dlamini

Physical Address of Signatory: Davyton

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

0826393908

DATE: 11/08/2018 Signature Jan Dlamini

AGRS CONSULTANT PLEASE PRINT YOUR NAME C. Ludik

APPENDIX B

GRAVE SURVEY FORMS

NAME	PROJECT	Manungu Colliery
IDENTIFICATION NUMBER: 5	DATE	11/08/2018
		2018

Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
Betty Mkhatshe	Betty		22/12/80			
43 Dlamini	Johannes					

NAME OF NEXT-OF-KIN	RELATION	ID NUMBERS	GRAVE NO
Buthi	Mother	6403 135459089	89
Dlamini	Child		43
PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN		
	0826393908		

11/08/2018

SIGNATURE *San Dlamini*



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: Daveyton
Old grave number: 89,43 New grave number: _____

I Buti Jan Dlamini Identity number 6403135459089

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 Buti Jan. Dlamini

Signature of family member Jan Dhlamini

Signed on this day the 11/08/ 2018, at Delmas.
(The date)

Signature of Witness [Signature]

Name and surname of witness LIVERE BRONKHORST

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative Aludike

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.

1
I.D. No. 640313 5459 089



S.A. CITIZEN

SURNAME
DHLAMINI

FORENAMES
BUTI JAN

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1964-03-13

DATE ISSUED
2011-05-16



ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

NAME AND SURNAME :

BUTI JAN Dhlamini

ID NUMBER/PASSPORT:

6403135459 089

RESIDENTIAL ADDRESS:

28230 Mgkoba Berce
long Daveyton

WORK ADDRESS :-

CELL-PHONE NUMBER /
TELEPHONE NUMBER:

082 6393908

.....
Betty Mkhatswa-89
Johannes Dhlamini 43
I am here to give permission to Relocate
the grave AGRS to Removit to
Daveyton Ephantini
.....
.....
.....

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

SIGNATURE: *Buti*

SOUTH AFRICAN POLICE SERVICES
DAVEYTON
2018 -08- 07
SAP 6 STORE
SUID-AFRIKAANSE POLISIEDIENS

I certify that the above mentioned statement was taken by me, and the deponent acknowledged that he/she knows and understand the contents of the statement which was sworn / affirmed before me and deponent's signature / right thumb print / mark was placed in my presence at DAVEYTON SAPS

DATE: 2018-08-07

COMMISSIONER OF OATH: PP Malinga ¹¹⁰⁰⁴ CST

NAME AND SURNAME: Rhonda Malinga

RANK: CST