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

IN DOCUMENTS
7.
SITE NUMBER: 6 GRAVE NUMBER 110 117
I. Isaac Abel Maguni Identity Number: 610216576408
(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 acceptance.
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 // day of lugud - 2018
Witnessed at: Delmas
Full Name of Signatory: 1549e Abel Doguni
Physical Address of Signatory:
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
0824876065.
DATE: 11 Cangust Signature x. Signature
AGRS CONSULTANT PLEASE PRINT YOUR NAME Consultant Please Print Your Name

AFRICAN GRAVE RELOCATION SPECIALISTS VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals 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 O DATE PROJECT Manungu Colliery 2018

ID NUMBERS RELATION BELOWIN TELEPHONE NUMBER X2 MIN D824876065		NEXT-OF-KIN NEXT-OF-KIN PHYSICAL ADDRESS	POSTAL ADDRESS	
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		NEXT-OF-KIN		3
		FIRST NAME OF	ÓN OF	SURNAME OF NEXT-OF-KIN
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		Dumuel	N) Dour	117
			かりていれてい	011
		of Remains	of Remains	No
Date of Nationality Culture	Date of D	First Name	Surname	Ref

DATE

SIGNITURE

Tribal requirements

		C	
•	Blanket and reetmat	YES	NO
•	New Cemetery Laveyton		
•	Night Vigil Royale.	YES	NO
•	What is required for night vigil		
•	Where can night vigil be held		
•	How many people will be expected at the night vigil	Anna Amina Anna Anna Anna Anna Anna Anna Anna A	
•	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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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: Laveyfow.
Old grave number: //O -//7 New grave number:
I Isaac Abel Anguni Identity number 6102165 764083
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 1 sac Abel Maguni
Signature of family member
Signed on this day the // Augustus 2018, at Delmas (The date)
Signature of Witness
Name and surname of witness [SVELT CKCCCL]
African Grave Relocation Specialists representative signature A Luchk
Name and Surname of African Grave Relocation Specialist Representative Claudik.

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

NOTICE OF PERSONAL PARTICULARS

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

NOTICE OF CHANGE OF ADDRESS

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

.D. No. 610216 5764 083 Control of the contro S.A.CITIZEN

SURNAME

ISAAC ABEL FORENAMES

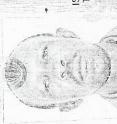
V. D.L.T.C. SPRINGS /

2018 -03- 1

CREULE

COUNTRY OF BIRTH SOUTH AFRICA 1961-02-16

A POOLITAN MUNICIPAL



2013-08-08

ISSUED BY AUGHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS

SUID-AFRIKAANSE POLISIEDIENS

RANK:

CST



SOUTH AFRICAN POLICE SERVICE

NAME AND SURNAME:	15anc Abol Moruni
ID NUMBER/PASSPORT:	610216 5764 083
RESIDENTIAL ADDRESS:	15438 Adaba Street
	Mandrla Ext 21 Etwatna 15
WORK ADDRESS :-	N/A
CELL-PHONE NUMBER/	087 487 6065
TELEPHONE NUMBER:	
David Marin	_ 11 h
Parit Modrie	I I I U
5-22-1 10	4.1.7
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Sam here to siv	e penission to Relocate
thre groves AGR.	s to removit to Daveyton
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	SOUTH AFRICAN POLICE SERVICES
tracus and singlement the source of the	DAVEYTON
know and understand the contents of the have no objection into taking the prescription	ribed cath. 2018 -02- 0.7
consider the prescribed oath to be bind	ling on my conscience.
-6	SAP 6 STORE
IGNATURE:	ID. AFPIKAANSE POLISIEDIENS
20 42 4 44	
erry that the above mentioned statements of the	ent was taken by me, and the deponent acknowledged that he/she is statement which was swom / affirmed before me and deponent's
medic / ight didhid dilit / heik was di	laced in my presence at DAVEYTON SAPS
VIE: 3018-08-07	
DMMISSIONER OF OATH:	31,00005
WINNESSIONER OF UATH:	1
ME AND SURNAME: RIUM DILL	Mauro
ALL MAN ANIMANDE	

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@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
Wellaagte till
SITE NUMBER 6 GRAVE NUMBER 135 116, 109, 103
1 Boshiwe Nary Maguni Identity Number: 4401060222 086
(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 Vlaklaagk No2 Wilbank
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: Booking Mary Winguni
Physical Address of Signatory: Vaklaagh. No 2 Witherle
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
0715678148 0728359911. Thabane.
DATE: 14/07/2018 Signature MRY My GUM
AGRS CONSULTANT PLEASE PRINT YOUR NAME

AFRICAN GRAVE RELOCATION SPECIALISTS 46 Vosioo Street 46 Vosioo Street 46 Posioo Street 47 Posioo Street 48 Posioo Street 49 Posioo Street 48 Posioo Street 49 Posioo Street 40 Posioo

GRAVE SURVEY FORMS

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TAKM NAME	Welgevonden 272 IR		DATE	14/4/	13018	
	DELMAS MPUMALANGA			12/27	478	
Ref Surname	First Name	Date of	Date of	Nationality	Culture	Religion
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116 Main	Butabile					
109 MAgusi	1					
103 Maguri	Peke					
0						
CIDNIAME OF						
NEXT-OF-KIN	NEXT-OF-KIN		ID NUMBERS	SS	RELATION	GRAVE NO
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			0715678148	78148		
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DATE

SIGNITURE MARY MAGUER

Tribal requirements

		el.	ye	:5
•	Blanket and reetmat		****	NO
•	New Cemetery Vaklaagk Now Withank.			
•	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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•		Direction of States Cylindria	agenta de agrando, francisco para por porto de la companyo	
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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: Wabak.
Old grave number: 135 116, 109 103	New grave number :
I Boshiwe Many Monguni	Identity number 4401060222086
Declare that I am nappy with the exhuming	and relocation of our family graves. I hereby indemnify shedza Mining Resources (PTY) Ltd Manungu Colliery from any
Name and Surname of family member	Boshiwe Mary Magani
Signature of family member	Thaty Maguai
Signed on this day the	July 2018, at Delmas
Signature of Witness	
Name and surname of witness	ENELT GLOBIES
African Grave Relocation Specialists represe	entative signature OLucik
Name and Surname of African Grave Reloca	ation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

GEREGISTREERDE WOON- EN POSADRES

- 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 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.

.D.No. 440106 0222 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MNGUNI

VOORNAME/FORENAMES

BOSHIWE MARY

DEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/

1944-01-06

DATUM UITGEREIK DATE ISSUED

1992-11-04

Ultgereik op gesag van die Direkteur generaal: Binnelandse sake

ISSUED BY AUTHORITY OF THE BIRECTOR GENERAL: HOME AFFAIRS

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DE CONSCINENCE DE L'ESTABLE L'UNE (COPT) OF THE DOCUMENT AND LE TOUR CONTRACTION, I FUR-WHICH WAS HANGED TO US AN AMERIQUMENT OR A CHANGE FROM MY OBSERVATIONS, AN AMERIQUMENT OR A CHANGE

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SERTIFISEER VI

OF VERANDERS

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WORLDSKRIF A-E SON C





Suid-Afrikaanse Polisiediens

AFFIDAVIT

FULL NAME(S) AND SURNAME: 505HIWE	MARY MUSURI
4401060	3 3 3 0 0 1
RACE AFRICAN SEX FEMALE RESIDENTIAL ADDRESS:	
395 Vlaklage	
TEL NO. (HOME)(WORK)	CELL NO. 071 56781948
the graves of SABETOE M'S and Fofer mission, Baffial mingunithey where barred to be barred to be barred to exhance the	af weidlagte (Aelmas)
I know and understand the contents of this declaration. I have no objective in taking the prescribed oath. consider the prescribed oath to be binding on my conscience.	
	X Mary Maguy, SIGNATURE
I certify that the above statement was taken by me and that the and understand the contents of this statement. This statement we deponent's signature was place there on in my presence at KW. At (time)	deponent has acknowledged that he/she knows

THEMBISILE HANI LOCAL MUNICIPALITY

Enq: JL Mahlangu

STAND NO. 753
BUHLEBESIZWE



CONFIRMATION OF RESIDENCE ADDRESS INTERMS OF LEGISLATION: FICA 38 OF 2001

OFFICE	OF WARD COUNCILLOR
WARD COUNCILLOR	JL MAHLANGU
Contact	079 583 3956
WARD	16
Email	

Re: Confirmation of Residence

I hereby certify that: BOSHINE MARY	Magudi
I hereby certify that:	
ID No 44106 0222 086	is a bonafide
Resident in Ward 16 (Buhlebesizwe/ RDP) under the jurisdicti	on of Thembisile Hani Local Municipality
Residing at stand no: 3 95	
From -1 9 9 1 to date.	
lease assist her/him accordingly.	Thembisile Hani Local
Kind Regards	Municipality
Hr.	1-7 JUL 2018
Cllr. JL Mahlangu	WARD 16

Vision

To better the lives of our people through equitable, sustainable service delivery and economic development

Ward Councillor

NZUNZA MABHOKO TRADITIONAL AUTHORITY

Ref: NMA/VLK 2018 ENQ: 071 695 0202 E. MAHLANGU P.O.BOX 3382
EMPUMALANGA
0458
VLAKLAAGTE No2
DATE: 17-07-2018

Confirmation letter

THIS IS TO CONFIRM THAT BESTINE FAMILY ARE ALLOWED AND HAVE THE PLACE TO BURRY THEIR EXHUME IN Markey to II

(SECRETARY)

Emily Maylers C,



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 GRAVE NUMBER 106, 107 16/9 Identity Number: 5/1/270176084 (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 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 Witnessed at: Delmas Full Name of Signatory: Physical Address of Signatory: Contact details of Signatory: PLEASE NOTE at least 2 contact numbers AGRS CONSULTANT PLEASE PRINT YOUR NAME

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

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

APPENDIX B

GRAVE SURVEY FORMS

PORTION NUMBER: FARM NAME PROJECT // acy & 2018

	POSTAL ADDRESS		NEXT-OF-KIN			107	106	No	Ref
	DDRESS		ÓN OF		0	Branci	Kinguni	of Remains	Surname
Delmas	ADDRESS	Coke Masikla.	FIRST NAME OF NEXT-OF-KIN			LeHe	Lucas	of Remains	First Name
								Birth	Date of
0609977547	TELEPHONE NUMBER	51127076084	ID NUMBERS						Date of
7547	X 2 MIN	78096							Nationality
		Father.	RELATION						Culture
		107	GRAVE NO					(Religion

DATE

SIGNITURE

Tribal requirements

•	Blanket and reetmat	YES	Me
•	New Cemetery Sundra Night Vigil Britak		
•	Night Vigil Private.	YES	-MÐ
•	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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•	A CONTRACTOR OF THE CONTRACTOR		
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•			
	ESTHER		

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: 106, 107 New grave site: Sundra
Old grave number: New grave number :
I Esther Navilela Identity number 51112270176084
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 Ether Nasilela
Signature of family member χ ESTHER
Signed on this day the 18 Occupant 2018, at Solman (The date)
Signature of Witness
Name and surname of witness
African Grave Relocation Specialists representative signature
African Grave Relocation Specialists representative signature Name and Surname of African Grave Relocation Specialist Representative On Audite

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

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
1/swateri Emma Identity Number: 3904090304080
Mbononi
(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
Deceased from their current location on the farms: weinaugte 2/1 IR Delmas and Weigevonden 2/2 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.
CHONED AT U. C. ()
SIGNED AT: on this OH day of Conquest 2018
Witnessed at: Delmas
Full Name of Signatory: 150 obeni Emna Mbonani
Physical Address of Signatory:
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
060 339 03/6
DATE: V4/08/2018 Signature 1 Withe > S
DATE: 04/08/2018 Signature X AGRS CONSULTANT PLEASE PRINT YOUR NAME Of Luck.

AFRICAN GRAVE RELOCATION SPECIALISTS VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

APPENDIX B

GRAVE SURVEY FORMS

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

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

2018

Ref Surname No of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
78. Mbanoni	Paulina	- 4	18			
	, and the second					
SURNAME OF	FIRST NAME OF		ID NUMBERS	1-	RELATION	GRAVE NO
NEXT-CT-XIN	NEXT-OF-KIN				Mother	
Mborani	Townsons. Emma	50.0	3904090304080	304 E80		
POSTAL ADDRESS	PHYSICAL		TELEPHONE			1
) oboos					
	tolmax		0603390316	90316		
			y			

DATE

SIGNITURE

Tribal requirements

		V	
•	Blanket and reetmat	YES	NO
•	New Cemetery Jundra.		
•	New Cemetery Sundra. Night Vigil Rovek.	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		
•	Post Office		
•	00 115 982487	V	
•	Mbonani Tswabeni	Emm	9.
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AFRICAN GRAVE RELOCATION SPECIALISTS VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals 46 Vosloo Street

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: Sundra.
Old grave number: 78 New grave number :
I / Swabeni Knong Mbonani Identity number 3904 090304080
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 Tsusabeni Emma Mbosani Signature of family member
Signed on this day the OH 108 2018, at October. (The date)
Signature of Witness W.
Name and surname of witness Next (1056)
African Grave Relocation Specialists representative signature 1 Luclus
Name and Surname of African Grave Relocation Specialist Representative A Revolute

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

GEREGISTREERDE WOON- EN POSADITES

- Bewaar die bewys van u GEREGISTREERD WOON- EN POSADRES in hierdie sakkie.
- 2. Indien u van adres verander het, of indien besor huidige adres, bv. straatnaam en/of -nommer, ens moet die vorm KENNISGEWING VAN ADRESVERA. DERING, wat in die sakkie agter in die indie sakkie agter in die indie in

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 par present address, e.g. name of street and or street numbers changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the dentity document must be sed to report the change and it austrate handed in at or posted regional/district offices of the DEPARTMENT OF HOME

the nearest AFFAIRS.

I.D.No. 390409 0304 08 0

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MBONANI

VOORNAME/FORENAMES

TSWABENI EMMA

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/DATE OF BIRTH 1939-04-09

DATUM UITGEREIK DATE ISSUED

1988-04-25

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL : HOME AFFATAS



SOUTH AFRICAN POLICE SERVICE

SERVICE
AFFIDAVIT
FULL NAMES AND SURNAME SHIPE STORES TO STORE TO
10 NUMBER 39 04 09 0304 080
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I know and understand the contents of the above declaration.
The to objection to taking the prescribed path
I consider the above statement to be binding on my conscience.



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

DATE

TIME

SOUTH AFRICAN POLICE SERVICES STATION COMMANDER DELMAS

COMMUNITY SERVICE CENTRE

SUID - AFRIKAANSE POLISIEDIENS

Commissioner of oath Mosenche

Full Names & Surname

S A POLICE SERVICE

1 LAWA STREET, Delmas, 2210

SOUTH AFRICAN POST OFFICE Delmas, 00015119

POSTBANK MINI STATEMENT ENQUIRY REPORT

Instructions:

PBMINIST: V.P2.1

Date

: 13/08/2018

46000

For Your Information Only

Page

1 of 1

Account Number : 00115982487

Card Number

Branch Lade

Full Name

: MBONANI TSWABENI EMMA TE

Prefix

: MRS

Address

: 2468 CHRIS HANI DRIVE

DELMAS

DELMAS

City

: WITBANK

State :Mpumalanga

0 1

Country

: SOUTH AFRICA

Post Code:2210

Account Balance : R50.00

Available Balance: R50.00 Uncleared Funds : R0.00

Hold Funds : R0.00

Effective Txn D/C Txn Amount

Current Receive Seq

Date Type

Balance Date

13/08/2018 CHD C

R50.00

R50.00 13/08/2018

119557

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@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 B. 94 145 See file Finner Mborai (Nothers grave Identity Number: 5908210753082
(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
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 // day of
Witnessed at: Delmas Full Name of Signatory: Paulina Mbangari
Physical Address of Signatory: Defroa 5.
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
DATE: 11/08/2018 Signature X PALIN
AGRS CONSULTANT PLEASE PRINT YOUR NAME A LUCIK

AFRICAN GRAVE RELOCATION SPECIALISTS 46 Vosloo Street 46 Vosloo Street 46 Vosloo Street 47 Strating as Martin's Funerals 47 Strating as Martin's Funerals 48 Vosloo Street 49 Strohleigh 49 Kempton Park 16 19 78 Tel: 073 192 9390 Fax: 086 515 1178 Email: aludik@telkomsa.net

GRAVE SURVEY FORMS

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	POSTAL ADDRESS	Mborani	SURNAME OF NEXT-OF-KIN			241	76	78	No	Ref		FARM NAME	FARM NAME
	DDRESS	3,	(N)		0	Magaci	Mbonani	Mbenani	of Remains	Surname		m	Ē
Delmas	PHYSICAL ADDRESS	Paulins.	PIRST NAME OF NEXT-OF-KIN		101	100018	Strohaacs	Pauling	of Remains	First Name	DELMAS MPUMALANGA	Weigevonden 272 IR	Weilaagte 271
									Birth	Date of			
07974	NUMBER X 2 MIN	590821	ID NUMBERS						7	Date of		DATE	PROJECT
0797475199	X 2 MIN	5908210753082	RS							Nationality		1110	PROJECT Manungu Colliery Delmas
		Viather. Daughter	RELATION							Culture		11/08/2018	liery Delmas
		145	GRAVE NO フ <i>S</i>						(Religion			

DATE

L SIGNITURE PRINT

Tribal requirements

•	Blanket and reetmat	YES	-NO
•	New Cemetery Sandra		
•	New Cemetery Sandra 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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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: 78 94 145	New grave number :
I Pauling Mbonani	Identity number <u>5908210753082</u>
Declare that I am happy with the exhuming	and relocation of our family graves. I hereby indemnify shedza Mining Resources (PTY) Ltd Manungu Colliery from any
Name and Surname of family member	Paulina Nobakhethurg Bonan
Signature of family member	Y
Signed on this day the(The date)	PALIA2018, at Delmas
Signature of Witness	
Name and surname of witness	ENELT GROBIES
African Grave Relocation Specialists repres	sentative signature A Lucluc
Name and Surname of African Grave Reloc	eation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

GEREGISTREERDE WOON- EN POSADRES

- Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.
- Indien u van adres verander het, ot 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 meid 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.

I.D.No. 590821 0753 08 2 S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MBONANI

VOORNAME/FORENAMES

NOBAKHETHWA PAULINA

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/ DATE OF BIRTH

1959-08-21

DATUM UITGEREIK DATE ISSUED

1994-09-09

UITGEREIK OP GESAG VAN DIE DIREKTEUR GENERAAL: BINNELANDSE SAKE

SSUED BY AUTHORITY OF THE DIRECTOR GENERAL:



SOUTH AFRICAN POLICE SERVICE

FULL NAMES AND SURNAME MODERNEEL	Pauling Mengali
ID NUMBER 590821 0163 082	
RESIDENTIAL ADDRESS MO 7483 HIZ	
Deimas 2210	
CELL NUMBER 0797475199 WORK	NUMBER
STATE UNDER OATH IN ENGLISH	
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paulinan Monani and	
Maquai are passed of	
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be removed and be	
place as the person	responsible Bor
buose graves.	
I know and understand the contents of the above declarati	on.
I know and understand the contents of the above declaration I have no objection to taking the prescribed oath.	on.
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I have no objection to taking the prescribed oath.	ience.
I have no objection to taking the prescribed oath.	Signature of deponent
I have no objection to taking the prescribed oath. I consider the above statement to be binding on my conscillation. I certify that the deponent knows and understands the constitution of the deponent was taken down in my presence and the deponent.	Signature of deponent tents of the above declaration. The
I have no objection to taking the prescribed oath. I consider the above statement to be binding on my conscillation. I certify that the deponent knows and understands the constitution of the deponent was taken down in my presence and the deponent the deponent at:	Signature of deponent tents of the above declaration. The
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I have no objection to taking the prescribed oath. I consider the above statement to be binding on my conscious of the deponent knows and understands the constatement was taken down in my presence and the deponent the deponent at: PLACE: DELMAS SAPS JULES BERNILLER.	Signature of deponent tents of the above declaration. The ent's signature was placed thereon by Commissioner of oath Mo Mocuose.

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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 88

I Mandla Moses Masilela Identity Number: 7102035668083
(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 Tweeforker Q Kwardebele.
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 Seeling 2018 Witnessed at: Delmas
Full Name of Signatory: Mandla Moses Masilela Physical Address of Signatory: Tweeforte B2 Stand 689
Physical Address of Signatory: Tweeforte B2 Stand 689
Contact details of Signatory: PLEASE NOTE at least 2 contact numbers
072 9115686
DATE: 18/07/2018. Signature X. MANDA
AGRS CONSULTANT PLEASE PRINT YOUR NAME Color & Lead &

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APPENDIX B

GRAVE SURVEY FORMS

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

First Name of Remains Birth Mandle FIRST NAME OF NEXT-OF-KIN PHYSICAL ADDRESS Twee line of Birth Birth Birth A See 5		POSTAL ADDRESS	Mosoile la	SURNAME OF NEXT-OF-KIN			88. Masilela	No of Remains	Ref Surname
Of .	Twee forten 2 6	PHYSICAL ADDRESS	Wandle Noses	FIRST NAME OF NEXT-OF-KIN				of Remains	
	3 0729115686	TELEPHONE NUMBER X 2 MIN	7102035668083	ID NUMBERS			.4681	Death	Date of
				GRAVE NO				To Gillon	Religion

DATE

SIGNITURE K. MANDO

Tribal requirements

		1/	
•	Blanket and reetmat	YES	NO
•	New Cemetery Tweeforten 2 Kwandehole		
•	New Cemetery Tweeforten 2 Kwandehole Night Vigil Proate.	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	Principal and the state of the	distributer and saids
•	OTHER REQUIREMENTS NOT MENTIONED		
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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: 1 weeforten 2. Kwandebele
Old grave number:
I Mandla Noses Nosilela Identity number 7102035668083
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 Wandla Woses Was release
Signature of family member
Signed on this day the 28th July 2018, at Delmas (The date)
Signature of Witness
Name and surname of witness WEKT CKCBLEL
African Grave Relocation Specialists representative signature C. Lealik
Name and Surname of African Grave Relocation Specialist Representative

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM