



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 110 117

I, Isaac Abel Mguni Identity Number: 6102165764083

(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 Daveyfa

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 11 day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Isaac Abel Mguni

Physical Address of Signatory: Daveyfa

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

082 487 6065

DATE: 11 August 2018 Signature [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME G. Leuth



AFRICAN GRAVE RELOCATION SPECIALISTS
 VAT: 495021 2979 CC 2007/153460/23 Trading as Martin's Funerals

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APPENDIX B

GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Manungu Colliery
PORTION NUMBER :	5	DATE	11/08/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
110	Mnguni						
117	Mnguni	David					

SURNAME OF NEXT-OF-KIN	Mnguni	FIRST NAME OF NEXT-OF-KIN	Isaac Abd	ID NUMBERS	602265764083	RELATION	Brother	GRAVE NO	117
POSTAL ADDRESS		PHYSICAL ADDRESS	Danoyan	TELEPHONE NUMBER X 2 MIN	0824876065				

DATE 11/08/2018

SIGNATURE [Signature]



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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Daveyton.

Old grave number: 110-117

New grave number: _____

I Isaac Abel Mnguni Identity number 6102165764083

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

Isaac Abel Mnguni

Signature of family member

[Signature]

Signed on this day the _____
(The date)

11 Augustus 2018, at Delmas

Signature of Witness

[Signature]

Name and surname of witness

Kwesi Gketele

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

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

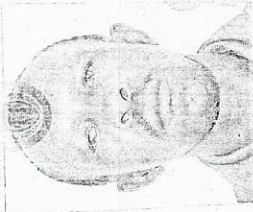
1
I.D. No. 610216 5764 083
S.A. CITIZEN



SURNAME
MNGUNI

FORENAMES
ISAAC ABEL

COUNTRY OF BIRTH
SOUTH AFRICA
DATE OF BIRTH
1961-02-16

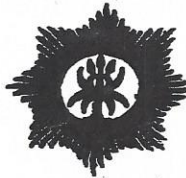


DATE ISSUED
2013-08-08

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

NAME AND SURNAME :

Isaac Abel Mguni

ID NUMBER/PASSPORT:

610216 5764 083

RESIDENTIAL ADDRESS:

15438 Ndaba Street
Mandela East 21 Etwatwa 1519

WORK ADDRESS :-

N/A

CELL-PHONE NUMBER /
TELEPHONE NUMBER:

082 487 6065

David Mguni - 110

Samuel Mguni - 117

I am here to give permission to Relocate
the GRAVES AGRS to removit to Daveyton
Ephumlani GRAVEYARD

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: [Signature]

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 Maung CST

NAME AND SURNAME: Quimone Maung

RANK: CST



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@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 Weilaagte 271 IR P 5
135, 116, 109, 103

I Boshwe Mary Mguni Identity Number: 4401060222086

(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 Waklaagte No2 Witbank

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: Boshwe Mary Mguni

Physical Address of Signatory: Waklaagte No2 Witbank

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

0715678148 / 0728359911 Thabane

DATE: 14/07/2018 Signature MARY MGUNI

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludde



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GRAVE SURVEY FORMS

FARM NAME	Wei laagte 271	PROJECT	Manungu Colliery Delmas
FARM NAME	Welgevonden 272 IR	DATE	14/07/2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
135	Mnguni	Labu					
116	Mnguni	Batabale					
109	Mnguni	Garid					
103	Mnguni	Pete					
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION	
						Children	
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			
Mnguni		Boshire Mary		0715678148			
		Vaklaagde		0728359911			
				Thabane			

DATE 14/07/2018

SIGNATURE Mary Mnguni



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Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Wilba-k.

Old grave number: 135, 116, 109, 103 New grave number: _____

I Boshwe Mary Mguni Identity number 4401060222086

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 Boshwe Mary Mguni

Signature of family member MARY MGUNI

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

Signature of Witness [Signature]

Name and surname of witness KWELI EKUBA

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative A. Luabik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

GEREGISTREEERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREEERDE 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.

I.D.No. 440106 0222 08 6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

MNGUNI

VOORNAME/FORENAMES

BOSHIWE MARY

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1944-01-06

DATUM UITGEREIK
DATE ISSUED

1992-11-04

UITGEREIK OP BESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



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

HANDTEKENING/SIGNATURE

WAGSNOMMER
OFFICE NUMBER

713711-7

DRUKSKRIF
PRINT

A. E. SOMA

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
KWAGGAFONTEIN
2018-07-19
SOUTH AFRICAN POLICE SERVICE



AFFIDAVIT

FULL NAME(S) AND SURNAME: BOSHIWE MARY MMSUMI

ID NO

4	4	0	1	0	6	0	2	2	2	0	8	6
---	---	---	---	---	---	---	---	---	---	---	---	---

RACE: AFRICAN SEX: FEMALE AGE: 73 yrs

RESIDENTIAL ADDRESS: 395 Vlakbaagte 202

TEL NO. (HOME).....(WORK).....CELL NO. 071 56781948

STATE UNDER OATH: That I gave a concern to exhume the graves of SABROG MMSUMI who was my father and Peter MMSUMI, (Kathabile MMSUMI) and JABU MMSUMI they were buried at weidagte (Aelmas) to be buried at Vlakbaagte 202 after they finished to exhume their bodies.

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 Mnguni
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).

2018-07-19 At (time) 11:30

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
KWAGGAFONTEIN
 2018 -07- 19
KWAGGAFONTEIN
SOUTH AFRICAN POLICE SERVICE

A. Z. Samei
 COMMISSIONER OF OATH
 RANK
A. Z. Samei
 FULL NAMES

ADDRESS: Kwaggafontein

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: BOSEHWE MARY MANGUNI

ID No 44106 0222 086 is a bonafide

Resident in Ward 16 (Buhlebesizwe/ RDP) under the jurisdiction of Thembisile Hani Local Municipality

Residing at stand no: 395

From 1991 to date.

Please assist her/him accordingly.

Kind Regards

Cllr. JL Mahlangu
Ward Councillor



Vision

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

NZUNZA MABHOKO TRADITIONAL AUTHORITY

Ref : NMA/VLK 2018
ENQ: 071 695 0202
E. MAHLANGU

P.O.BOX 3382
EMPUMALANGA
0458
VLAKLAAGTE No2
DATE: 19-07-2018

Confirmation letter

THIS IS TO CONFIRM THAT Mogun, Baswe^{mary} FAMILY ARE ALLOWED
AND HAVE THE PLACE TO BURRY THEIR EXHUME IN Vlaklaagte II
GRAVEYARD.

[Signature]
(SECRETARY)

Emily Mahlangu
FULL NAMES





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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 106, 107

I ESTER Masilela Identity Number: 511270176084

(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 18 day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Esther Luyabantu Masilela

Physical Address of Signatory: Delmas

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

060 99 77 547

DATE: 18 Aug 2018 Signature ESTHER

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik



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APPENDIX B
GRAVE SURVEY FORMS

FARM NAME	Ubeleaght 271 TR	PROJECT	Mamangu Colliery
PORTION NUMBER :	P.S.	DATE	27/07/2018
			2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
106	Mnguni	Lucas					
107	Mnguni	Lethe					

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
	Ethek Mabolalela.		Mother	107
			Father	106
POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN		
		5111 2701 76 084		
		060 99 77 547		

DATE 21/07/2018 SIGNATURE ER ESTHER



AFRICAN GRAVE RELOCATION SPECIALISTS

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1619

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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 106, 107

New grave site: Sundra

Old grave number: 6

New grave number: _____

I Esther Nasitela Identity number 5112270176084

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 Esther Nasitela

Signature of family member X. ESTHER

Signed on this day the 18 August 2018, at Delmas
(The date)

Signature of Witness [Signature]

Name and surname of witness LIVELY BROCKEN

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



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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 78

I Tswabeni Emma Mbonani Identity Number: 3904090304080

(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: Tswabeni Emma Mbonani

Physical Address of Signatory: Delmas

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

060 339 0316

DATE: 04/08/2018 Signature X Witness

AGRS CONSULTANT PLEASE PRINT YOUR NAME A. Ludik



AFRICAN GRAVE RELOCATION SPECIALISTS
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 Email: aludik@telkomsa.net

APPENDIX B
GRAVE SURVEY FORMS

FARM NAME	Wellaagte 271 IR	PROJECT	Mangena Colliery
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
78	Mbonani	Paulina		81			

SURNAME OF NEXT-OF-KIN	Mbonani	FIRST NAME OF NEXT-OF-KIN	Paulina	ID NUMBERS	3904090304080	RELATION	Mother	GRAVE NO	
POSTAL ADDRESS		PHYSICAL ADDRESS	Isibeng. Emma	TELEPHONE NUMBER X 2 MIN	0603390316				

DATE 04/08/2018

SIGNATURE x [Signature]



AFRICAN GRAVE RELOCATION SPECIALISTS

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1619

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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 Tswabeni Emma 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 Tswabeni Emma Mbonani

Signature of family member _____

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

Signature of Witness Witness

Name and surname of witness EVERT GROBLER

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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, 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 DEPARTMENT VAN BINNELANDSE SAKE.

R920

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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1
I.D.No: 390409 0304 08 0



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MBONANI

VOORNAME/FORENAMES

TSWABENI EMMA

GEOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEOORTEDATUM/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 AFFAIRS




SOUTH AFRICAN POLICE SERVICE AFFIDAVIT

FULL NAMES AND SURNAME Tswabedi Emma Mbonani
 ID NUMBER 390409 0304 080 RACE/GENDER AF AGE _____
 RESIDENTIAL ADDRESS 2468 CHUSI HALL STR BOTLEDA DELMAS
 CELL NUMBER 060 3390316 WORK NUMBER Mr
 STATE UNDER OATH IN ENGLISH THAT:

I Tswabedi Emma Mbonani CERTIFY
 THAT I AM BIOLOGICAL DAUGHTER OF
 THE LATE PAULINAH MANGWIBE Mbonani
 WHO PASSED AWAY AND BERRIED AT
 WEILAAGTE FARM UNDER DELMAS NEARALWA
 DISTRICT, so I MADE AN AFFIDAVIT TO
 PROOF THAT THE DECEASED IS MY
 MOTHER AND THE WAS AT WEILAAGTE
 DELMAS

- 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.

 R
 1
 P
 (Signature)

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 : 11/22

Moseneke Ghuswen
 Commissioner of oath

Full Names & Surname
 S A POLICE SERVICE
 1 LAWA STREET, Delmas, 2210

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

SOUTH AFRICAN POST OFFICE

Delmas, 00015119

POSTBANK MINI STATEMENT ENQUIRY REPORT

Instructions:

For Your Information Only

PBMINIST: V.P2.1

Date : 13/08/2018

Page : 1 of 1

Account Number : 00115982487
Card Number :
Full Name : MBONANI TSWABENI EMMA TE
Prefix : MRS
Address : 2468 CHRIS HANI DRIVE
DELMAS
DELMAS

Branch code: 460005



City : WITBANK
Country : SOUTH AFRICA

State : Mpumalanga
Post Code: 2210

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

Effective Date	Txn D/C Type	Txn Amount	Current Balance	Receive Date	Seq
13/08/2018	CHD C	R50.00	R50.00	13/08/2018	119557



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@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 EB, 94 145
Adudik
see file / Emma Mborani (Abthais grave)
I Paulina Mborani 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 Sandra

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 11th day of August 2018

Witnessed at: Delmas

Full Name of Signatory: Paulina Mborani

Physical Address of Signatory: Delmas

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

079 7475199 0711467265 Anna

DATE: 11/08/2018 Signature X PAHIN

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik



AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 4950212979 CC 2007/15346023 Trading as Martin's Funerals

46 Vosloo Street

Birchleigh

Kempson Park

1619

Tel: 073 192 9390

Fax: 086 515 1178

Email: auidik@jekkonsa.net

GRAVE SURVEY FORMS

FARM NAME	Weiilaagte 271	PROJECT	Manungu Colliery Delmas
FARM NAME	Welgevonden 272 IR	DATE	<u>11/08/2018</u>

DELMAS MPUMALANGA

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
78	Mboonani	Paulina					
94	Mboonani	Stephans					
Child 145	Mnguni	Poppie					
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN	ID NUMBERS		RELATION	GRAVE NO	
Mboonani		Paulina	5908210753082		Mother	78	
					Father	94	
					Daughter	145	
POSTAL ADDRESS		PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN				
		Delmas	079 747 5199				

DATE 11/08/2018

SIGNATURE P. KIM



AFRICAN GRAVE RELOCATION SPECIALISTS

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Birchleigh
Kempton Park
1619

Tel: 073 192 9390

Fax: 086 515 1178

Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundia

Old grave number: 78 94 145 New grave number: _____

I Paulina Mbonani Identity number 5908210753082

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 Paulina Nobakethwa Mbonani

Signature of family member X

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

Signature of Witness [Signature]

Name and surname of witness LEVELT GROBLER

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

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. 590821 0753 08 2



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

MBONANI

VOORNAME/FORENAMES

NOBAKHETHWA PAULINA

GEBORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/
DATE OF BIRTH

1959-08-21

DATUM UITGEREIK
DATE ISSUED

1994-09-09

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS





SOUTH AFRICAN POLICE SERVICE

FULL NAMES AND SURNAME Mobakhele Paulina Mbonani
 ID NUMBER 590221 0753 082 RACE/GENDER A/E AGE
 RESIDENTIAL ADDRESS No 7453 Nr Bidip Boleing
Delmas 2210
 CELL NUMBER 019 74 75 199 WORK NUMBER

STATE UNDER OATH IN ENGLISH

I am here to state that my father
Stefans Mbonani and my grand mother
Paulinah Mbonani and my nephew Poppy
Moguni are passed and buried at Village
I am giving concern that they can
be removed and be buried at another
place as the person responsible for
those graves.

I know and understand the contents of the above declaration.

I have no objection to taking the prescribed oath.

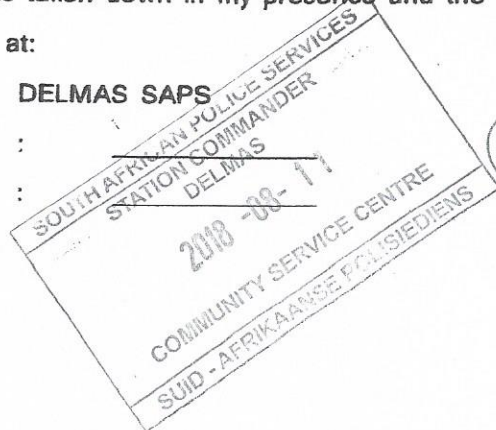
I consider the above statement to be binding on my conscience.

*PAWIN

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 :
 TIME :



Commissioner of oath

Mo Mawela

Full Names & Surname

S A POLICE SERVICE

01 LAW STREET

DELMAS 2210



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
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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 Tweefontein (2) KwaNdebele.

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: Mandla Moses Masilela

Physical Address of Signatory: Tweefontein B2 Stand 689

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

072 9115686

DATE: 18/07/2018 Signature X Mandla

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	Mangrove Cemetery
PORTION NUMBER :	PORTION 5	DATE	28 July 2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
88.	Masilela	Mandla		1878.			

SURNAME OF NEXT-OF-KIN	Masilela	FIRST NAME OF NEXT-OF-KIN	Mandla	ID NUMBERS	7102035668083	RELATION	Father.	GRAVE NO	88.
POSTAL ADDRESS		PHYSICAL ADDRESS	Treefontein 2 B	TELEPHONE NUMBER	0729115686				

DATE 28/07/2018 SIGNATURE X. Mandla



AFRICAN GRAVE RELOCATION SPECIALISTS

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46 Vosloo Street
Birchleigh
Kempton Park
1619

Tel: 073 192 9390

Fax: 086 515 1178

Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

Old site number: 6

New grave site: Tweefontein 2. Kwandabele

Old grave number: 88

New grave number: _____

I Mandla Moses Masilela 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 Mandla Moses Masilela

Signature of family member MANDLA

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

Signature of Witness [Signature]

Name and surname of witness LIVERT GROBLER

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