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:0 GRAVE NUMBER 140, 141 134 |
|---|
| I Masedi George Sibanyon Identity Number: 7409055911081 |
| |
| (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 |
| I understand that the full cost of the sale of |
| 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 |
| nereto and within the time period indicated herein. I further understand that this namission will be former and the |
| South All Ran Heritage Resources Agency (SAHKA) 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: Masedi George Sibanyoni Physical Address of Signatory: Kanedrivier B. Siyabusha. Stand 1680 |
| Physical Address of Signatory: Kaneelrivier B Siyabusha. Stand 1680 |
| Contact details of Signatory: PLEASE NOTE at least 2 contact numbers |
| 0720568544 |
| DATE: 28/07/2018 Signature |
| AGRS CONSULTANT PLEASE PRINT YOUR NAME C. Ruck |
| |

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

PORTION NUMBER: FARM NAME Weilaagte 271 IR **PORTION 5** DATE PROJECT 8/079 2018

| | POSTAL ADDRESS | 5,6 | SURNAME OF NEXT-OF-KIN | | 134 | 141 | 140 | No | Ref |
|------------|---------------------|---------------|---------------------------|--|-----------|------------|-----------|------------|-------------|
| | ADDRESS | Siberyoni | E OF | | Sibanyori | Sibaryoni | N/baryor! | of Remains | Surname |
| Siyabusha. | PHYSICAL ADDRESS | Masedi George | PIRST NAME OF NEXT-OF-KIN | | N.Kov. | Elizabeth. | masile, | of Remains | First Name |
| - | | | | | | | | Birth | Date of |
| 0720568544 | TELEPHONE NUMBER | 1801165506076 | ID NUMBERS | | | | | Death | Date of |
| ins | X 2 MIN | 180116 | | | | | | | Nationality |
| | | GN Shes. | RELATION Brothee. | | | | | | Culture |
| | | 134 | GRAVE NO | | | | | (| Religion |

DATE

SIGNITURE

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|---|--|---|----|
| • | Blanket and reetmat | YES | NO |
| • | New Cemetery | | |
| • | New Cemetery Night Vigil Privake | YES | |
| • | What is required for night vigil | | |
| • | Where can night vigil be held | 1 25 19000000000000000000000000000000000000 | |
| • | 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: 14 |
|--|
| Old grave number: 140, 141, 134 New grave number: |
| I Masedi George Sibonyon' Identity number 740 9055911081 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 Signature of family member Masedi Jeorge. Sibanyoni |
| Signed on this day the 28 July 2018, at Delmas. (The date) |
| Signature of Witness |
| Name and surname of witness With Grobin |
| African Grave Relocation Specialists representative signature Color of the color o |
| Name and Surname of African Grave Relocation Specialist Representative Color |

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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 **GRAVE NUMBER Identity Number:** (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 Delm To 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 2018 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



AFRICAN GRAVE RELOCATION SPECIALISTS VAT 4950212979 CC 2007/15346023 Trading as Martin's Funerals 46 Vosioo Street

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

GRAVE SURVEY FORMS

| Surname of Remains of Remains Whomen: The Apple of Figure 1 The A | FARM NAME | Weilaante 274 | | PDO IECT | O | | |
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| DELMAS MPUMALANGA name first Nam | FARM NAME | Welgevonden 272 IR | | DATE | Marianga co | mery Demias | |
| Surname of Remains of | | DELMAS MPUMALANGA | | | 10/01 | 1001 | |
| HOUNDAND PORTMING HENST NAME OF ID NUMBERS RELATION NEXT-OF-KIN LANUAL TELEPHONE ADDRESS ADDRESS NUMBER X2 MIN 1994 Shell TWEATHER ADDRESS | | First Name of Remains | Date of Birth | | Nationality | Culture | Religion |
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| CA MUNDA PHYSICAL ADDRESS NI | SURNAME OF NEXT-OF-KIN | FIRST NAME OF NEXT-OF-KIN | | ID NUMBE | 48 | RELATION | GRAVE NO |
| PHYSICAL ADDRESS | r lobecona | Chund | | 10803a | 9 67520 | 56 | |
| Tweeforten A. | POSTAL ADDRESS | PHYSICAL ADDRESS | | TELEPHON NUMBER | IE (2 MIN | | |
| | 32 9094 Shie | | | | | | |

10 Marendoa 2018

SIGNITURE HE

DATE

| • | Blanket and reetmat | ✓ YES | NO |
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| • | New Cemetery Sundre | | |
| • | 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 | | Architel Consuluent |
| • | Transport to and from night vigil is family responsibility | | |
| • | Language and tradition of deceased | | |
| • | Language and tradition of family members | | |
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SOUTH AFRICAN POLICE SERVICE

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| Corton | WIRE 1 |
| | 11/10/11/ |
| | Maren |
| I know and understand the contents of the above declaration | on. |
| I have no objection to taking the prescribed oath. | |
| I consider the above statement to be binding on my consci | ence. |
| | Signature of deponent |
| certify that the deponent knows and understands the cont | ents of the above declaration. The |
| Statement was taken down in my presence and the depone | ent's signature was placed thereon by |
| the deponent at: | M |
| PLACE : DELMAS SAPS | MINOUSTA |
| DATE : | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| TIME COMMUNICATION OF THE SERVICES | III Duy Mello |
| SERVICE OS. 18 | Commissioner of oath |
| CENTRE . | Full Names & Surname |
| Contraction of the second | S A POLICE SERVICE |
| | 01 LAWA STREET |

DELMAS 2210



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: H | New grave site: Sundia. |
|---|---|
| Old grave number: 12. | New grave number : |
| I HUNCH & Jahrana | Identity number 406707 0989 082 |
| Declare that I am happy with the exhuming a African Grave Relocation Specialists and Ts further claims and legal costs. | and relocation of our family graves. I hereby indemnify shedza Mining Resources (PTY) Ltd Manungu Colliery from any |
| Name and Surname of family member | sind alland |
| Signature of family member Signed on this day the(The date) | 2018, at /U/MQS |
| Signature of Witness | |
| Name and surname of witness | G.P. m Sayan. |
| African Grave Relocation Specialists represe | entative signature |
| Name and Surname of African Grave Reloca | tion Specialist Representative |

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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 |
| a ca |
| SITE NUMBER: GRAVE NUMBER 23. |
| I Mainsha James Wilbon Adentity Number: 6312205358081 |
| (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 |
| The bear of the larms. We mage 271 IK bennas and Weigevonden 272 IK bennas |
| To Sardia |
| 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 28th day of July 2018 |
| Witnessed at: Delmas |
| Full Name of Signatory: Rimsha James Mbonani de |
| Physical Address of Signatory: 07866589158 |
| Contact details of Signatory: PLEASE NOTE at least 2 contact numbers 0762161620 |
| 295 Rakwena Str. Botleng. Delmas. |
| DATE: 28 July 2018 Signature X Seems |
| AGRS CONSULTANT PLEASE PRINT YOUR NAME Luckk |

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 28/08/2018 1 pours a 2018

Ref

of Remains Surname

First Name of Remains

Date of

Death

Date of

Nationality

Culture

Religion

bonani

| | Mborani | SURNAME OF NEXT-OF-KIN | 2 Mtsweni 3 Mtsweni |
|--|---------------|---------------------------|------------------------|
| ADDRESS Butkey Delman | Marine James | FIRST NAME OF NEXT-OF-KIN | Betlamo Misseri |
| TELEPHONE NUMBER X2 MIN 076216 1620 0766589158 | 6312205358081 | ID NUMBERS | |
| | 03 | RELATION GRAVE NO | |

DATE

SIGNITURE

| • | Blanket and reetmat | YES | NO |
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| • | New Cemetery | | |
| • | Night Vigil Ry, vak | YES | NO |
| • | What is required for night vigil | | National Control of the Control of t |
| • | Where can night vigil be held | A bed in the other party and the other party a | |
| • | 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 | | top commonposition |
| • | 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: New grave site: |
|--|
| Old grave number: New grave number: |
| I <u>Mainther</u> Janes Monani Identity number <u>63/220535808/</u> 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 Signature of family member X |
| Signed on this day the 28 July 2018, at Delmas |
| Signature of Witness |
| Name and surname of witness LIEKI GRUBUEK |
| African Grave Relocation Specialists representative signature |
| Name and Surname of African Grave Relocation Specialist Representative A Luclik. |

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

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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 |
|---|
| SHE NUMBERA GRAVE NUMBER 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| rand 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 |
| 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: 15 W WWW. |
| Contact details of Signatory: PLEASE NOTE at least 2 contact numbers |
| AGRS CONSULTANT PLEASE PRINT YOUR NAME Of Lucht |

46 Vosloo Street Birchleigh Kempton Park 1619 Tel: 073 192 9390 Fax: 086 515 1178 Emali: aludik@telkomsa.net AFRICAN GRAVE RELOCATION SPECIALISTS

VAT 4950213579 CC 2007/153460/23 Trading as Martin's Funerals 46 Vosloo Street

GRAVE SURVEY FORMS

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| • | New Cemetery | YES | NO |
|---|--|--|--|
| • | New Cemetery UNIX | | |
| • | 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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VAT 4950212979 CC 2007/153460/23 Trading as Martin's Funerals

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Email: aludik@telkomsa.net

Grave Relocation sign off document and Indemnity form

| Old site number: | New grave site: Sundsen |
|---|---|
| Old grave number: 58,84 | New grave number : |
| 1 Joseph / Noguin | Identity number VSVV 1335 VSV |
| African Grave Relocation Specialists and Ts further claims and legal costs. | and relocation of our family graves. I hereby indemnify hedza Mining Resources (PTY) Ltd Manungu Colliery from an |
| Name and Surname of family member | I'm maari |
| Signature of family member Signed on this day the (The date) | 2018, at 1 (Mwas |
| Signature of Witness | |
| Name and surname of witness | <u>+</u> |
| African Grave Relocation Specialists represe | ntative signature |
| Name and Surname of African Grave Reloca | tion Specialist Representative |



SOUTH AFRICAN POLICE SERVICE

| STATE OF THE SERVICE |
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| AFFIDAVIT |
| FULL NAMES AND SURNAME PRAYOR BOY Maguer |
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| CELL NUMBER 07 22066499 WORK NUMBER |
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| know and understand the contents of the above declaration. |
| I have no objection to taking the prescribed oath. |
| consider the above statement to be binding on my conscience. |
| Signature of deponent |
| 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: |
| |
| 10/11/20 |
| TIME : 11.00 |

STATION COMMANDER
DELMAS

2018 -11- 10

COMMUNITY SERVICE CENTRE

Commissioner of oath

Full Names & Surname
S A POLICE SERVICE

1 LAWA STREET, Delmas, 2210



REPUBLIC OF SOUTH AFRICA

Sumame:

Names:
PETROS BOY
Sex:

RSA Nationality:

Identity Number: 6812126333089

Date of Birth:
12 DEC 1968
Country of Birth:
RSA

Status: CITIZEN



Signature:



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

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PERMISSION FOR THE RELOCATION OF FAMILY GRAVES

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

IN DOCUMENTS GRAVE NUMBER 8,9,11,41 ware Identity Number: 540225 0231084 (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 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 O day of Witnessed at: Delmas Full Name of Signatory: Physical Address of Signatory: Contact details of Signatory: PLEASE NOTE at least 2 contact numbers Signature X AGRS CONSULTANT PLEASE PRINT YOUR NAME



AFRICAN GRAVE RELOCATION SPECIALISTS VAT 495/21/2979 CC 2007/153460/23 Trading as Mertin's Funerals 46 Vosioo Street

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

GRAVE SURVEY FORMS

| 2083 | POSIAL ADDRESS | | NEXT-OF-KIN | | 1 | | 9 | 9 | No of | Ref | | FARM NAME | FARM NAME |
|-----------------------|--------------------------|-----------|------------------------------|--|-----------|---------|---------|--------|------------|-------------|-------------------|--------------------|---------------------------------|
| | CRESS | Conc | | | 1)Kosi | 1) Kosi | Nos: | THRED | of Remains | Surname | | | |
| Malaki Direct Delines | ADDRESS | Rush Ses | FIRST NAME OF NEXT-OF-KIN | | 1-) Avon. | Theredi | Wardle | DK05i | of Remains | First Name | DELMAS MPUMALANGA | Weigevonden 272 IR | Weilaagte 271 |
| na | | č', | | | 181 | 6 m | Sul & | 7 mc | Birth | Date of | | | |
| 0738: | TELEPHONE NUMBER X 2 MIN | 5402250 | ID NUMBERS | | months. | marks. | months. | marks. | Death | Date of | | DATE | PROJECT |
| 0738368155 | X 2 MIN | 25023/084 | RS | | | | | | | Nationality | | 101 | PROJECT Manungu Colliery Delmas |
| | | Childre | RELATION Siskis | | | | | | | Culture | | 11/2018 | lliery Delmas |
| | | | GRAVE NO | | | | | | g | Religion | | | |

DATE

1 SIGNITURE L ZWANE

| | 1/25 | | |
|---|--|-----|---------------|
| • | Blanket and reetmat | YES | NO |
| • | New Cemetery Sundra | | |
| • | Night Vigil | YES | NO |
| • | What is required for night vigil | a a | |
| • | 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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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: | Jundra |
|--|-----------------------------|-------------------------------|
| Old grave number: 8, 9, // 47 | New grave number : | |
| Declare that I am happy with the exhuming African Grave Relocation Specialists and Tofurther claims and legal costs. | and relocation of our fami | ly graves. I hereby indemnify |
| Name and Surname of family member Signature of family member | Lishi Ses | 3 Sware |
| Signed on this day the(The date) | 2018, at_ | Delmas. |
| Signature of Witness | h ZWA | NE |
| Name and surname of witness | - | |
| African Grave Relocation Specialists represe | entative signature | A Luclik |
| Name and Surname of African Grave Reloca | ation Specialist Representa | tive A Ludh |

Z35

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.

1

I.D.No. 540225 0231 08 4

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

ZWANE

VOORNAME/FORENAMES

LUTHI SESI

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/ DATE OF BIRTH



1954-02-25

DATUM UITGEREIK DATE ISSUED

1994-06-22

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 LITH! SES! ZWAME ID NUMBER SHOZZS 023/084 RACE/GENDER PJE AGE 64 RESIDENTIAL ADDRES ZOBO MBALATH! STR CELL NUMBER 073 8368 155 WORK NUMBER |
| STATE UNDER OATH IN ENGLISH THAT: |
| |
| That the above mentioned person state that she gave permission of miners employees to remove their relatives graves |
| and also her sister Carlose Emma Atos; agreed. |
| |
| |
| |
| |
| |
| 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. |
| 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 : 70/8/11/09 7633550 |
| DATE : 20/8/// /09 TIME : 7633550/ |
| Gommissioner of oath LIATION COMMANDER DELIMAS Full Names & Surname S A POLICE SERVICE |
| S A POLICE SERVICE |

1 LAWA STREET, Delmas, 2210