



# 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 140, 141, 134

I Masedi George Sibanyoni 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 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: Masedi George Sibanyoni

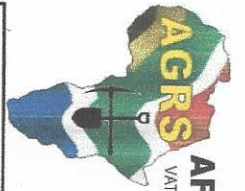
Physical Address of Signatory: Kanedriver B Siyabusha Stand 1680

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

0720568544

DATE: 28/07/2018 Signature:

AGRS CONSULTANT PLEASE PRINT YOUR NAME C. Ludik



**AFRICAN GRAVE RELOCATION SPECIALISTS**

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**APPENDIX B**

**GRAVE SURVEY FORMS**

FARM NAME: Wellaagte 271 IR PROJECT: Mantona  
 PORTION NUMBER: PORTION 5 DATE: 28/07/2018 Collected: 2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
140	Sibanyoni	Magile					
141	Sibanyoni	E/Sabeta					
134	Sibanyoni	SIMON					

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Sibanyoni	Maced George	7409055911081	Brother	140
			Brother	141
			Brother	134

POSTAL ADDRESS: Siyabushe PHYSICAL ADDRESS: Siyabushe TELEPHONE NUMBER: 0720568544 X 2 MIN

DATE: 28/07/2018 SIGNATURE: 





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## 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 Sibanyoni Identity number 7409055911081

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 Masedi George Sibanyoni

Signature of family member [Signature]

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

Signature of Witness [Signature]

Name and surname of witness KWERT GROBLER

African Grave Relocation Specialists representative signature Aludik

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: 47 GRAVE NUMBER: 1,2  
I ANNA BEKEENA Identity Number: 662702 0282 0583

(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 Dumela

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 November 2018

Witnessed at: Delmas

Full Name of Signatory: ANNA BEKEENA

Physical Address of Signatory: 2441 Dextang

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers  
0716550158 060 7739 102

DATE: 2018-11-10 Signature [Signature] E. m. b. a. n. n.

AGRS CONSULTANT PLEASE PRINT YOUR NAME KWIKI GREYER





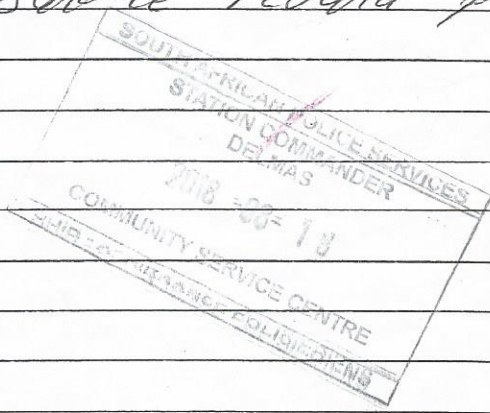


4 2.

# SOUTH AFRICAN POLICE SERVICE

FULL NAMES AND SURNAME Nosik, Mfi Emely Ndala  
 ID NUMBER 470402 0536 085 RACE/GENDER B/K AGE \_\_\_\_\_  
 RESIDENTIAL ADDRESS 370 9090 Street Tweesfontein H.  
 CELL NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

STATE UNDER OATH IN ENGLISH I agree to sign (oath) the grant of Solene Ndala from wedding to Sandra



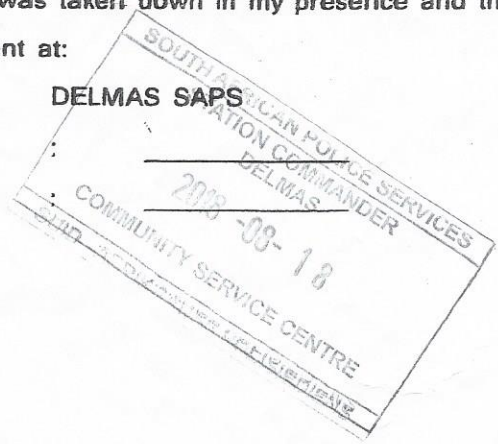
I know and understand the contents of the above declaration.  
 I have no objection to taking the prescribed oath.  
 I consider the above statement to be binding on my conscience.

*(Handwritten signature and initials)*

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 \_\_\_\_\_



*(Handwritten signature)*  
 Commissioner of oath  
*(Handwritten signature)*  
 Full Names & Surname

S A POLICE SERVICE  
 01 LAW STREET  
 DELMAS 2210





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## Grave Relocation sign off document and Indemnity form

Old site number: H

New grave site: Sundia

Old grave number: 117

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

I Anna Mkhana

Identity number 606207 0282 055

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

Anna Mkhana

Signature of family member

[Signature]

Signed on this day the

(The date)

10 November

2018, at

Telmas

Signature of Witness

\_\_\_\_\_

Name and surname of witness

G.P. Mkhana

African Grave Relocation Specialists representative signature

Name and Surname of African Grave Relocation Specialist Representative

[Signature]  
Robert G. Mkhana

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: 4 GRAVE NUMBER: 2, 3

I Mzimsha James Mbonani Identity 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

To Sardinia

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<sup>th</sup> day of July 2018

Witnessed at: Delmas

Full Name of Signatory: Mzimsha James Mbonani

Physical Address of Signatory: 076 665 89158

Contact details of Signatory: PLEASE NOTE at least 2 contact numbers 076 216 1620

295 Rakwena Str. Botlegong Delmas.

DATE: 28 July 2018 Signature: [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME A. Ludik



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**APPENDIX B**  
**GRAVE SURVEY FORMS**

FARM NAME	Wellaagte 271 IR	PROJECT	Manning & Collyer
PORTION NUMBER :	PORTION 5	DATE	28/08/2018
			2018

Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
1	Mborani	Tlotlone G. Mborani	Split File				
2	Mtsweni	Lagano Mtsweni					
3	Mtsweni	Belamo Mtsweni					

SURNAME OF NEXT-OF-KIN	FIRST NAME OF NEXT-OF-KIN	ID NUMBERS	RELATION	GRAVE NO
Mborani	M Gmaha Gamo	6312205358081	Mother	1
			Son	2
			Child	3

POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE NUMBER X 2 MIN
	Butberg Delmas	0762161620 0766589158

DATE 28/08/2018 SIGNATURE [Signature]





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## Grave Relocation sign off document and Indemnity form

Old site number: 4 New grave site: Sandra

Old grave number: 1, 2, 3. New grave number: \_\_\_\_\_

I Mzimba James Mbonani Identity number 6312205358081

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 Mzimba James Mbonani

Signature of family member [Signature] x

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

Signature of Witness [Signature]

Name and surname of witness KWESI BREWER

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative A Ludik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



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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 56, 57, 58, 59  
I Dobi Manungu Identity Number: 601212 6333 089

(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 Dundra

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 November 2018

Witnessed at: Delmas

Full Name of Signatory: Thomas Dey Manungu

Physical Address of Signatory: 15th Avenue 1001

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

073 200 6079

DATE: 10/11/2018 Signature: [Signature]

AGRS CONSULTANT PLEASE PRINT YOUR NAME Aludik



**AFRICAN GRAVE RELOCATION SPECIALISTS**  
 VAT: 4950212979 CC 2007/153460/23 Trading as Merith's Funerals  
 46 Vosloo Street  
 Birchleigh  
 Kempton Park  
 1619  
 Tel: 073 192 9390  
 Fax: 086 515 1178  
 Email: aludik@telkomsa.net

## GRAVE SURVEY FORMS

FARM NAME		Weilaagte 271		PROJECT		Manungu Colliery Delmas	
FARM NAME		Welgevonden 272 IR		DATE		10/11/2018	
DELMAS MPUMALANGA							
Ref No	Surname of Remains	First Name of Remains	Date of Birth	Date of Death	Nationality	Culture	Religion
84	Letwesi	Manungu					
88	Mphahlele	Joseph Mphahlele					
SURNAME OF NEXT-OF-KIN		FIRST NAME OF NEXT-OF-KIN		ID NUMBERS		RELATION GRAVE NO	
Manungu		Beei		681212 6353084			
POSTAL ADDRESS		PHYSICAL ADDRESS		TELEPHONE NUMBER X 2 MIN			
		15th Avenue Elof		072 206 6499			

DATE 10 November 2018

SIGNATURE







# AFRICAN GRAVE RELOCATION SPECIALISTS

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## Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundia

Old grave number: 58, 84 New grave number: \_\_\_\_\_

I Deen Maguin Identity number 68112 6333 089

Declare that I am happy with the exhuming and relocation of our family graves. I hereby indemnify African Grave Relocation Specialists and Tshedza Mining Resources (PTY) Ltd Manungu Colliery from any further claims and legal costs.

Name and Surname of family member Deen Maguin

Signature of family member [Signature]

Signed on this day the 10 November 2018, at 17dmas  
(The date)

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

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

African Grave Relocation Specialists representative signature [Signature]

Name and Surname of African Grave Relocation Specialist Representative Wendy G. Chela

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM



# SOUTH AFRICAN POLICE SERVICE

## AFFIDAVIT

FULL NAMES AND SURNAME Petrus Boy Mngweni

ID NUMBER 6813126333989 RACE/GENDER M AGE \_\_\_\_\_

RESIDENTIAL ADDRESS 415 The Avenue  
ELOFF

CELL NUMBER 0722066499 WORK NUMBER \_\_\_\_\_

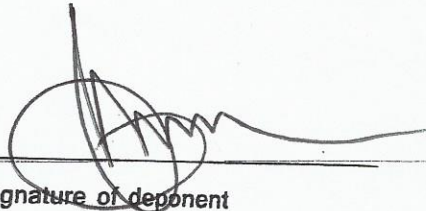
STATE UNDER OATH IN ENGLISH THAT:

I want to state that, I  
Give a permission to  
remove my grave of my  
Grandfather Petrus Mngweni  
no, 84 and Jasep Magwabo  
Mngweni no, 58 is All I can  
say According my Bechtatist

I know and understand the contents of the above declaration.

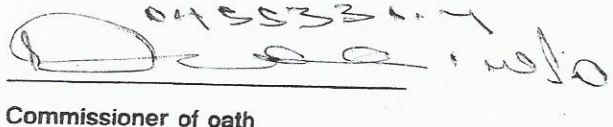
I have no objection to taking the prescribed oath.

consider the above statement to be binding on my conscience.

  
Signature of deponent

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 : 18/11/10  
TIME : 11:00

  
Commissioner of oath

SOUTH AFRICAN POLICE SERVICES  
STATION COMMANDER  
DELMAS  
2018 -11- 10  
COMMUNITY SERVICE CENTRE

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



REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:

**MINGUNI**

Names:

**PETROS BOY**

Sex:

**M**

Nationality:

**RSA**

Identity Number:

**6812126333089**

Date of Birth:

**12 DEC 1968**

Country of Birth:

**RSA**

Status:

**CITIZEN**



Signature:





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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 8,9,11,47

I LUTHI SESI Zwane Identity Number: 540225 0231 084

(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 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 10 day of November 2018

Witnessed at: Delmas

Full Name of Signatory: Luthi Sesi Zwane

Physical Address of Signatory: 2083 Palathi Street Delmas

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

071 44 88 187 - 073 83 68 155 Emma.

DATE: 10/11/2018 Signature X L ZWANE

AGRS CONSULTANT PLEASE PRINT YOUR NAME A Ludik







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Email: aludik@telkomsa.net

## Grave Relocation sign off document and Indemnity form

Old site number: 6 New grave site: Sundra

Old grave number: 8, 9, 11, 47 New grave number: \_\_\_\_\_

I Luthi Sesi Zwane Identity number 5402250231084

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 Luthi Sesi Zwane

Signature of family member \_\_\_\_\_

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

Signature of Witness X h ZWANE

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

African Grave Relocation Specialists representative signature A Ludik

Name and Surname of African Grave Relocation Specialist Representative A Ludik

THANK YOU FOR YOUR SUPPORT DURING THE RELOCATION PROCESS

THE AFRICAN GRAVE RELOCATION SPECIALISTS TEAM

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, 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. 540225 0231 08 4



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

ZWANE

VOORNAME/FORENAMES

LUTHI SESI

GEBORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTEDATUM/  
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 LUTHI SESI ZWANE

ID NUMBER SH0275 0231084 RACE/GENDER A/F AGE 64

RESIDENTIAL ADDRESS 2088 MBALATHI 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 Cayose Emma Akosi 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.

L. ZWANE  
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 : 2018/11/09  
TIME : \_\_\_\_\_

SOUTH AFRICAN POLICE SERVICE  
STATION COMMANDER  
DELMAS  
2018 -11- 09  
COMMUNITY SERVICE CENTRE  
LUID - AFRIKAANSE POLISIEDIENS

[Signature] 2633550  
Commissioner of oath  
J.J. [Signature]  
Full Names & Surname  
S A POLICE SERVICE  
1 LAW STREET, Delmas, 2210