



SOUTH AFRICAN HERITAGE RESOURCES AGENCY
111 HARRINGTON STREET, CAPE TOWN, 8001
PO BOX 4837, CAPE TOWN, 8000
TEL: 021 462 4502 FAX: 021 462 4509

FOR OFFICIAL USE ONLY:	
File No.:
Date received:
Date approved:
Applicant:
Site / Object:
Permit No.:

**APPLICATION FOR PERMIT:
BURIAL GROUNDS AND GRAVES**

Please note: Permit Applications expire one year after the date of receipt.

In terms of Section 36 (3) of the National Heritage Resources Act, 1999 (Act No. 25 of 1999) no person may, without a permit issued by the relevant heritage resources authority:

- (a) destroy, damage, alter, exhume or remove from its original position or otherwise disturb the grave of a victim of conflict, or any burial ground or part thereof which contains such graves;
- (b) destroy, damage, alter, exhume or remove from its original position or otherwise disturb any grave or burial ground older than 60 years which is situated outside a formal cemetery administered by a local authority; or
- (c) bring onto or use at a burial ground or grave referred to in paragraph (a) or (b) any excavation equipment, or any equipment which assists in the detection or recovery of metals.

Other application forms are available for archaeological and palaeontological material and sites (302), for shipwrecks (303), for the export or sale of heritage objects including archaeological and palaeontological material, material from shipwrecks and meteorites (304), for the built environment and landscape (307) or the registration of private collections (402).

Applicants are advised that without full details no permit may be issued.

A. DETAILS OF APPLICANT AND OTHER RELEVANT PEOPLE

1. Name and address of archaeologist or person who is to be responsible for the action(s): MR.
MATHOHO NDIUHUHO ERIC, PO BOX 7296
TITOHUYANDOH, 0950, LIMPOPO PROVINCE

 Phone: (H) N/A (W) 015 291 4919 (C) 071 870 6947
 Fax: 015 291 4917 E-mail: Mathohoe@gmail.com
 Identity number of applicant (or passport): 7404265518081

2. Qualifications and relevant experience: B.A. BAHONS. ARCHAEOLOGY
UNIVERSITY OF VENDA. NIPHL DEGREE IN ARCHAEOLOGY
UNIVERSITY OF CAPE TOWN

3. Name & address of a person who can serve as a reference: MR. FRANS ROODT
P.O. BOX 1600, POLOKWANE 0700 email: hr19@munib.co.za

4. Name and address of owner of the land:
TAU-KGAPHOLA TRADITIONAL COUNCIL, S.M. KGAPHOLA
P.O. BOX: 01 MPILLO 1069, SEKHUKHUNE DISTRICT
 Phone: (H) N/A (W) N/A (C) 072 681 5737
 Fax: N/A E-mail: N/A
 Identity number: 8012246046087

5. Name & address of planning authority (where relevant): DEPARTMENT OF ROADS & TRANSPORT (LIMPOPO) PRIVATE BAG X 9594 POLOKWANE
Phone: (H) (W) 015 295 1242 (C) 082 791 0398
Fax: 015 294 8116 E-mail: malondo@drt.limpopo.gov.za

6. Have arrangements been made to cover the cost of the action(s) (Please circle as appropriate):
 YES NO

7. Name and address of the South African scientific institution (if applicable) that will curate the material recovered if it cannot be re-interred: N/A

B. DETAILS OF GRAVE OR BURIAL GROUND

8. Name(s) of place:

9. Is the grave/ burial ground that of - victim(s) of conflict? (Please circle as appropriate)
and/or - older than 60 years?
and/or has the grave been - found accidentally during the course of development?

10. Brief description: NO CLEAR GRAVE DRESSINGS, THE REMAINS WERE UNCOVERED ON THE GRAVEL ROAD BY PASS AND WERE EXPOSED AFTER RAIN RUN OFF
Please supply details on a separate sheet of paper if necessary

11. Evidence for date of grave(s)*: NONE

12. Geographical situation of site or object (Please mark general location of grave(s) on a photostat of at least a 1:50 000 map) (NB)

Province: LIMPOPO
Magisterial district: SEKHUKHUNE I: 50 000 Map number:
Latitude & Longitude: 24 29 Recording method (GPS, Trig., Other): GPS
Farm Name and No.: / Town:
Nearest Town: POLOKWANE / Street address & Erf #:

13. If it is a national or provincial heritage site / object, the number and date of the notice in the Government Gazette: N/A

C. REASON FOR APPLICATION

14. Purpose of and reasons for application*
THE UNCOVERED REMAINS HAVE BEEN EXPOSED TO THE SURFACE AND THE AREA HAVE BEEN DISTURBED BY GRAVEL ROAD ACTIVITIES. COMMUNITY LEADERS HAVE NOTICED REMAINS AFTER HEAVY RAIN FALL. (SEE ATTACHED LETTER...) * Please supply full motivation and supporting documentation.

15. Period for which permit is required (Permits are not normally issued for periods longer than three years):
From FEB 2013 To FEB 2014

16 Nature of activity. Please circle the appropriate activities below

- | | |
|--|---|
| <input type="checkbox"/> Destruction or Damage* | <input type="checkbox"/> Alteration* (e.g. Restoration) |
| <input checked="" type="checkbox"/> Exhumation and re-interment* | <input type="checkbox"/> Removal from original site* |
| <input type="checkbox"/> Excavation* | <input type="checkbox"/> Bring into use a metal detector or other equipment** |
| <input type="checkbox"/> Other* | |

Please supply extra details on a separate sheet of paper*:

D. PREREQUISITES FOR PERMIT

17. Please indicate what arrangements have been made for the exhumation and re-interment of the contents of the grave(s)*

* Supply copies of documentation and details on a separate sheet of paper

18. Please give details of consultation with communities and individuals who by tradition have an interest in the grave(s), and of the agreement reached with such communities and individuals (as required by the Act 36 and the relevant Regulations Chaps IX and XI).

VARIOUS MEETINGS WERE HELD BETWEEN LOCAL
 HEAD MAN, COMMUNITY LEADERS, WARD CHANCELLORS,
 REP FROM DEPARTMENT OF ROAD & TRANSPORT TO
 ARRANGE FOR A RESCUE EXCAVATION OF THE
 REMAINS. * Supply copies of documentation and details on a separate sheet of paper

I, Mr MATHOHO NDIVITUTO ERIC
 undertake strictly to observe the terms, conditions, restrictions, regulations and guidelines under which
 the Council may issue the permit to me.

Signature: [Signature] NE. Place: Polokwane
 (Applicant) Date: 29/01/2013

I, Sello Molekape
 hereby give permission for the above actions to be undertaken.

Signature: [Signature] Place: Mphahama
 (Landowner) Date: 30/01/2013

I, _____ Head of _____
 (institution) hereby undertake to store in our institution the relevant material and records.

Signature: [Signature] Date: _____
 (Head of Institution)

From May 2006, certain permit applications submitted to the South African Heritage Resources Authority, SAHRA, in terms of the National Heritage Resources Act (Act No 25 of 1999) must be accompanied by payment of the appropriate fee (PTO).

Permit Applications made on SAHRA APM Permit Form No 305 will carry the following fees:

1. Permits issued by SAHRA Archaeology, Palaeontology & Meteorite Unit (APM) Unit for burials	Fee	*Application Code
i. Application fee for burials disturbed or relocated in terms of s.36 in consequence of development;	R250 unless SAHRA directs otherwise	*AP305BUR
ii. Application fee for accidentally discovered burials disturbed or relocated in terms of s.36;	Exemption	*AP305BAE
2. Permits issued for Victims of Conflict in terms of s.36;	Exemption	*AP305EXE

Kindly ensure that you supply the Application Code (see table above*) followed by the surname of the permit applicant, in the reference section of the bank deposit slip.

For example, AP305BUR MGUNI would be entered in the reference section of the bank form for an application for restoration or relocation of a grave from an applicant with the surname Mguni.

Charges may be waived, at the discretion of SAHRA Chief Executive Officer, for certain permit applications. It should be NOTED that SAHRA may, in terms of section 3 of the SAHRA permitting regulations, require that a financial deposit be lodged with SAHRA to safeguard a heritage resource until satisfactory completion of the action for which the permit is required.

PAYMENT may be made by depositing the relevant amount into the SAHRA bank account and faxing or producing the proof of payment (i.e., stamped deposit slip, internet banking confirmation, etc.), OR through Internet Banking and emailing or faxing proof of payment, OR by cheque, on application.

PLEASE TAKE NOTE THAT APPLICATIONS NOT ACCOMPANIED BY A PAYMENT OR PROOF OF PAYMENT MAY NOT BE PROCESSED UNLESS EXEMPTED ABOVE OR BY SAHRA.

SAHRA BANKING DETAILS:

South African Heritage Resources Agency
 ABSA Bank, Adderley Street; Cape Town
 Bank Code: 63 2005; Account Number: 40-6416-0070.

Should you have any queries please contact the appropriate unit via: SAHRA, PO Box 4637, Cape Town 8000; or by email at info@sahra.org.za; or Tel: 021 462 4502; Fax: 021 462 4509.

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