	<p>FOR OFFICIAL USE ONLY: File No.: Date received: Date approved: Applicant: Site / Object: Permit No.:</p>
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SOUTH AFRICAN HERITAGE RESOURCES AGENCY
 111 HARRINGTON STREET, CAPE TOWN, 8001
 PO BOX 4637, CAPE TOWN, 8000
 TEL: 021 462 4502 FAX: 021 462 4509

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):

Munyadziwa Magoma
 P. O. Box 696; Sibasa; 0970

Phone: (H) (W) 015 9631 308 (C) 082 5356 855 Fax: 086 566 8079

E-mail: munyadziwa@vhubvo.co.za

Identity number of applicant (or passport): 790616 5511 081.....

2. Qualifications and relevant experience: Hons Archaeology (UNIVEN); – I have been working in contractual archaeology for the past 7 years. During which, I have conducted over 200 Phase I projects, and accomplished the exhumation of several graves.

Name & address of a person who can serve as a reference: Prof. I Pikirayi - University of Pretoria
 Ms. S Tshivhase – Road Agency Limpopo

3. Name and address of owner of the land: Bahananwa Traditional Community; P. O. Box 692, Maleboho, 0806.....

Mr M.E Baloyi (contact person)

Phone: (H) (W) (C)

FAX: E-MAIL:

IDENTITY NUMBER:

5. Name & address of planning authority (where relevant) :

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Phone: (H) (W) (C)

Fax: E-mail:

6. Have arrangements been made to cover the cost of the action(s) (Please circle as appropriate):

YES

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: GaMalebogo (Mafateng) village on Farm Buffelshoek 261 LR, Blouberg Local Municipality, Capricorn District, Limpopo Province.....

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: SEE ATTACHMENT: The remains are situated in the middle of road D3278 (also see attached)..... * Please supply details on a separate sheet of paper if necessary

11. Evidence for date of grave(s): The grave (s) are unknown to the local community, however, their association with Iron Age potsheards might be an indication that they date to the Iron Age

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: Capricorn 1: 50 000 Map number: Latitude & Longitude: S23° 08' 18.17", E28°56'

44.58".Recording method (GPS): GPS...Farm Name and No: Buffelshoek 261 LR. / Town:

..... Nearest Town: Senwabarwana / 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*

(See attached) Human remains were noted on the road after there had been rain in the region, hence this call for proper exhumation and interment * 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 1 August 2014..... To 30 September 2014

16 Nature of activity. Please circle the appropriate activities below

Destruction or Damage* Alteration* (e.g. Restoration)

Exhumation and re-interment* Removal from original site*

Excavation* Bring into use a metal detector or other equipment**

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)* The burial arrangement will be undertaken by Lebowa Funeral Parlour (Tel: 015 632 4059/ Cell: 082 404 8179). The reburial will be conducted in the Mafateng cemetery.

* 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).

Attached please see letter from Traditional community..... * Supply copies of documentation and details on a separate sheet of paper

I,....Munyadziwa Magoma..... undertake strictly to observe the terms, conditions, restrictions, regulations and guidelines under which the Council may issue the permit to me.



Signature:**Place:**Pretoria.....(**Applicant**) **Date:** 25th July 2014.....

I,Bahananwa Traditional (see attached letter).....hereby give permission for the above actions to be undertaken.

Signature: **Place:**
(Landowner) Date:

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

Signature: **Date:** **(Head of Institution)**

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.