



VICTOR KHANYE

LOCAL MUNICIPALITY – PLAASLIKE MUNISIPALITEIT



6 DELMAS 2210



013 665 6005



013 665 2913

Email: Busisiwem@victorkhanyelm.gov.za

Website: www.victorkhanyelm.gov.za

OFFICE OF THE MUNICIPAL MANAGER

Enquiries: MD Kekana

Ref: 05/08/2019 vkIm

05 August 2019

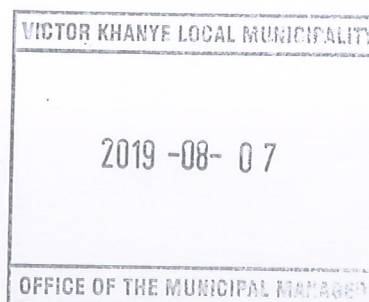
AVBOB Funeral Services Ltd
P.O. Box 953
Auckland Park
2006

Attention: Nantie

RE: AVAILABILITY OF BURIAL SPACE

This letter serves to confirm that there is adequate space to bury two (2) corpses at Delmas Cemetery. The Municipality does not have any objection against this re-burial.


2019/08/06
ST Matladi
Acting Municipal Manager



Victor Khanye Local Municipality



Confirmation of Reservation (VKLM Official Use Only)	
Grave number:	
Date of funeral	2019
Time of burial	
Receipt Number	28545
Indigent vote no	-
Total Amount paid	R3500 -00
Signature of officer in charge	

Delmas Cemetery	6VT	CASKET
Sundra Cemetery	8VT	STD

Application for Interment by Family member

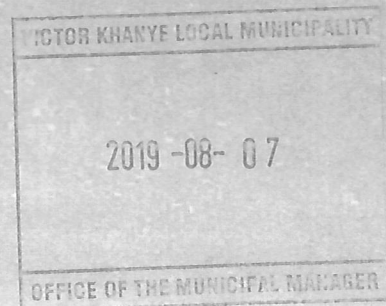
Part (1)

Name of a person apply for interment	<p style="font-size: 1.2em;"><u>HANS JURGENS NEL</u></p> <p>(Full name of applicant)</p>
Of Address Applicant	<u>36 DRakensberg Street Bronkhorstbaai 1020</u>
Contact no	<u>0833273072</u>

I hereby apply for permission to interment a body in conformity with the By-laws governing the cemeteries.

Particulars of the deceased:

1. Name: WILLEM MARTIN Uys
2. Gender: M F 3. Age: 51 years
4. Date of death: 24/6/20¹⁹³⁷ & Date of Burial: 01/07/20¹⁹³⁷ Time: 11:00
5. Cause of death: HEART FAILURE
6. Place (where death occurred): ZUID-AFRIKAANSE HOSPITAL
7. Address where deceased ordinarily resided: WELLAAGTE 271, DISTRICT, DELMAS
8. The deceased was: "Resident" of VKLM by virtue of residential qualifications
 Yes No



Victor Khanye Local Municipality



Confirmation of Reservation (VKLM Official Use Only)	
Grave number:	
Date of funeral	2019.
Time of burial	
Receipt Number	28546
Indigent vote no	-
Total Amount paid	R3500.00
Signature of officer in charge	

Delmas Cemetery	6VT	CASKET
Sundra Cemetery	8VT	STD

Application for Interment by Family member

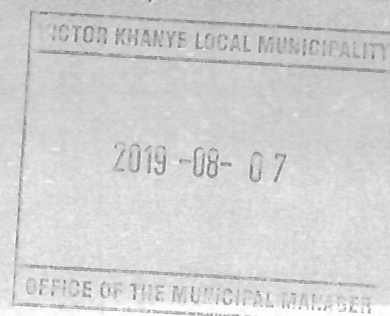
Part (1)

Name of a person apply for interment	HANS TURGENS NEL (Full name of applicant)
Of Address Applicant	36 DRAKENSBERG STREET, BRONKHORSTBAAI
Contact no	0833273042

I hereby apply for permission to interment a body in conformity with the By-laws governing the cemeteries.

Particulars of the deceased:

1. Name: RACHEL JACOBA UYS
2. Gender: M F 3: Age: 39 years
4. Date of death: 7/4/20¹⁹³⁹ & Date of Burial: 13/04/20¹⁹³⁹ Time: 11:00
5. Cause of death: MALARIA
6. Place (where death occurred): ZUID AFRIKAANSE HOSPITAL
7. Address where deceased ordinarily resided: WELFAARTE 271 DISTRICT DELMITS
8. The deceased was: "Resident" of VKLM by virtue of residential qualifications
 Yes No



(Part 2)

PAYABLE AMOUNTS

SERVICE TO BE RENDERED	RESIDENCE DELMAS / ELOFF/ SUNDRA / BOTLENG		NON-RESIDENCE DELMAS/ELOFF/SUNDRA/ BOTLENG	
	ADULT	CHILD	ADULT	CHILD
REQUEST FOR GRAVE	R2500	R2500	R6000	R6000
OPEN AND CLOSURE OF GRAVE	R1000	R1000	R2000	R2000
REQUEST FOR 8VT	R700	R700	R800	R800
BEER AS 900MM/ LANGER 2.2M CASKET	R700	R700	R800	R800
TRANSFERRING OF MORTAL REMAINS (EXHUMATION)	R4000	R4000	R4000	R4000
PLACE ASHES IN AN EXISTING GRAVE	R1000	R1000	R1000	R1000
WEEKEND / PUBLIC WORKS	R2000	R2000	R2100	R2100

Burial Order: (Original must accompany the application)

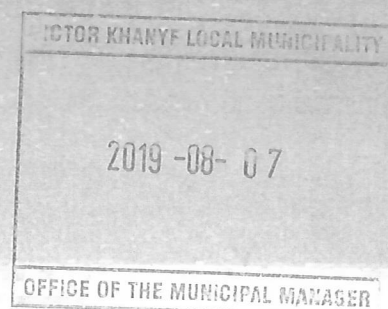
1. Burial order Number	
2. BI 1663	
3. Date of issue	
4. Place of issue	

Grave measurements:

If the coffin to be used, together with the lowering straps, will not fit into the standard size grave, the officer in charge of the cemetery must be advised thereof at least 24 hours prior to the funeral.

Casket Coffin	Yes	No
Standard	Yes	No
Special Coffin	Yes	No
Name of Undertaker / Undertaker Stamp:		
Signature		

*** Keep this document as a reference for the grave number. Proof of purchasing must be submitted before the funeral take place and also before the erection of the tombstone. Municipality will take no responsibility for the erection of a tombstone on the wrong grave. The purchaser of the grave, hereby indemnify the Victor Khanye Local Municipality against any unauthorized utilization of the purchaser grave. I accept the full responsibility to save guard the grave from the purchase and that the grave shall be not occupied by another burial.



(Part 2)

PAYABLE AMOUNTS

SERVICE TO BE RENDERED	RESIDENCE DELMAS / ELOFF/ SUNDRA / BOTLENG		NON-RESIDENCE DELMAS/ELOFF/SUNDRA/ BOTLENG	
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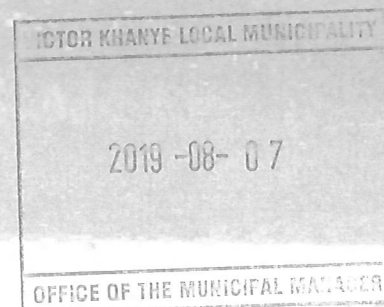
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Official Receipt

Victor Kanye Municipality

Cashier MARTHA ZULU
Station 002 14:14:12
Payment Type CARD PAYME
Doc No 021379
Payment Date 26/06/2019
Refer.

Receipt 00028545
Sys VT
Account No 00-000-
Amount 3500.00
Description 22104000860 - Sale
Township
Erf Details
Reference W M UYS

PAYMENT TOTAL 3500
AMOUNT TENDERED 3500.00
AMOUNT PAID 3500.00
CHANGE AMOUNT 0

*****END*****

Official Receipt

Victor Kanye Municipality

Cashier MARTHA ZULU
Station 002 14:14:54
Payment Type CARD PAYME
Doc No 021380
Payment Date 26/06/2019
Refer.

Receipt 00028546
Sys VT
Account No 00-000-
Amount 3500.00
Description 22104000860 - Sale
Township
Erf Details
Reference R J UYS

PAYMENT TOTAL 3500
AMOUNT TENDERED 3500.00
AMOUNT PAID 3500.00
CHANGE AMOUNT 0

*****END*****

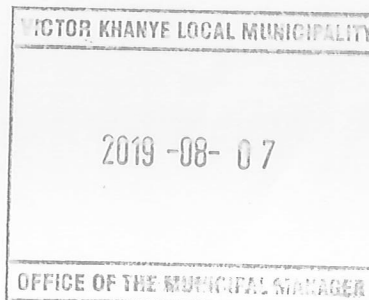
REVENUE

26-06-2019 14:13:49
TT:ICT220 V:0412
M:3319512 U:0000224Q

CUSTOMER COPY

N:0105 TSN:0115
AID:A0000000041010D71000
00
TVR:0000008000 TSI:EC00
MASTERCARD
Credit
547508*****5020

Sale R7000.00
TOTAL R7000.00





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

11 MAY 2016

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 80

Surname:
NEL
Given names:
HANS JURGENS
Sex:
M
Nationality:
RSA
Municipality:
4110065054085
Date of Birth:
06 OCT 1941
Country of Birth:
RSA
Status:
CITIZEN



Signature:

Juel



101993415



ICTOR KHANYE LOCAL MUNICIPALITY
2019 -08- 07
OFFICE OF THE MUNICIPAL MANAGER

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

PRIVATE BAG X 0008

Verwysing Reference	
Navrae Enquiries	LT-COL MSIZA CAPT C HARTLEY
Telefoon Telephone	(013) 665 6820
Faksnommer Fax number	086 7529 333

THE STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE
DELMAS
2210

2019-08-05

TO WHOM IT MAY CONCERN

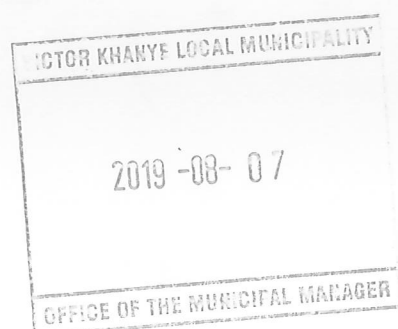
EXHUMATION OF TWO GRAVES : FARM WEILAAGTE DELMAS DISTRICT

1. I hereby confirm that Delmas SAPS is aware of the application for exhumation of the 2 graves at farm Weilaagte Delmas.

The grave of Mr Willem Martin Uys - died on 01-07-1937
The grave of Mrs Ragel Jacoba Uys - died on 13-04-1939

2. We are also aware that both the boedies will be reburied in the Delmas Cemetery after exhumation.
3. We have no objection to the exhumation and re-burial of the two graves.

MSIZA
MSIZA : LT-COL
F/STATION COMMANDER : DELMAS
N D MSIZA



6.1. HAVE THESE RELATIVES BEEN CONTACTED? IF NOT GIVE REASON (S)

YES

6.2. HAVE THEY CONSENTED TO THE EXHUMATION? IF NOT GIVE REASON (S)

YES

7. NAME, ADDRESS AND TELEPHONE NUMBER OF UNDERTAKER

ANBOB FUNERAL SERVICE LTD 011 482 1027
P.O. Box 953 083 202 7166
Auckland Park JOEL NAYIE CHOUAMP

8. I, THE UNDERSIGNED HANS JURGEN NEL HEREBY AFFIRM THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS IN ALL RESPECT TRUE AND CORRECT. I UNDERSTAND, THAT MY MISREPRESENTATION OF THE FACTS AS STATED HEREIN MY RESULT IN ME BEING LIABLE FOR CRIMINAL AND/ OR CIVIL LAW SUITS

SIGNED AT Brankhorstspuit THIS 05 DAY OF JULY 2019

[Signature]
SIGNATURE OF APPLICANT

9. THE ABOVE-MENTIONED INFORMATION UNDER ITEMS 4 AND 5 IS VERIFIED AND DECLARED CORRECT.

POLICE OFFICER: CONSTABLE MKE CHUENE
RANK : Constable
SERVICE NUMBER: 70087609
STAMP:

SUID-AFRIKAANSE POLISEDIENERS
COMMUNITY SERVICE CENTRE
2019 -07- 05
BRONKHORSTSPRUIT

10. CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS APPLICATION FORM FOR SUBMISSION TO THIS DEPARTMENT:

- Death certificate of the deceased Affidavit
- Identification document of the applicant and families
- Affidavits from applicant and family stating reason(s) for exhumation
- Approval letter of the Department of Health
- Application form certified by the South African Police Services
- Confirmation letter by the municipality
- Confirmation letter by the funeral undertaker
- Marriage certificate of the applicant/ proof of customary marriage (where applicable)

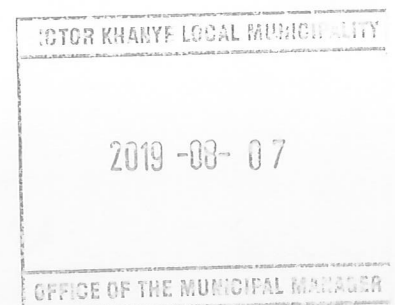
MOST ACCOMPANY THIS

ICTOR KHANYE LOCAL MUNICIPALITY
2019 -08- 07
OFFICE OF THE MUNICIPAL MANAGER

11. FOR ALL GRAVES THAT ARE MORE THAN 60 YEARS YOU NEED TO GET PERMISSION FROM SAHRA AND THEIR CONTACT DETAILS ARE AS FOLLOWS:

South African Heritage Resources Agency
Ditšong Museum
432 Paul Kruger Street
Pretoria

Tel: 012 320 8490
Fax: 012 320 8486
E-mail: info@sahra.org.za





APPLICATION FOR EXHUMATION AND RE-INTERMENT/CREMATION

(Turnaround time for all exhumation application is four (4) working days)

1. NAME OF DECEASED (1) WILLEM MARTIN MYS
(2) RACHEL JACOBIA MYS.
- 2.1. PRESENT PLACE OF BURIAL: GRAVE NO WL 01 AND WL 02
- 2.2. RESPONSIBLE LOCAL GOVERNMENT VICTOR KHANYE LOCAL MUNICIPALITY
- 3.1. INTENDED PLACE OF BURIAL DELMAS OLD CEMETERY.
- 3.2. RESPONSIBLE LOCAL GOVERNMENT VICTOR KHANYE LOCAL MUNICIPALITY.
- 4.1. NAME OF APPLICANT HANS JURGEN NEL
- 4.2. PHYSICAL ADDRESS 36 DRAKENSBERG STR, BRONKHORSTSPRUIT.
- 4.3. TELEPHONE NUMBER 083 327 3072.
- 4.4. I.D. NUMBER 411006 5054085.
- 4.5. RELATIONSHIP TO THE DECEASED GRANDSON

5. PARTICULARS OF CLOSE RELATIVES

NO	NAME	ID NO	PHYSICAL ADDRESS	TEL NO	RELATIONSHIP	SIGNATURE
5.1.	HANS JURGENS NEL	411006 5054085	DRAKENSBERG STR 36 BRONKHORSTSPRUIT	083 327 3072	GRANDSON	
5.2.	Johanna G.C. VILJOEN	421010 0014084	21 Maple Meadows Bronkhorst- spruit	082. 8175572	GRAND- DAUGHTER	
5.3.						
5.4.						

VICTOR KHANYE LOCAL MUNICIPALITY

2019-08-07

OFFICE OF THE MUNICIPAL MANAGER