



AFFIDAVIT

Full names: Nonthandazo Regina Thanie Mathebula

Residential Address: St no. 323, Silindile Loc, Lothair

Postal Address: P O Box 75, Lothair 2370

Place of Employment and Occupation: Unemployed

Work Address: N/A

Race: African GENDER: Female Age: 59

ID. No: 600402 0397 080

Home Tel /Cell phone no: 080 73 78 748

STATE IN ENGLISH UNDER OATH:

I hereby confirm that on behalf of the Nkosi's family I give the authority to Mboaho Consulting (Edward Matenga) ID nr 630906 5822 188 to move the graves of Mlause Nkosi, Ndingabakubo Nkosi and No Name Nkosi to be reburied at Silindile Location graveyard. That is all I can state.

NRT Mathebula (SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK/THUMBPRINT WAS PLACED IN MY PRESENCE THERON

SIGNED AT: LOTHAIR SAPS DATE: 2019-01-28 TIME: 13:10

[Signature of Detrolbile P. Khualo]

Detrolbile P. Khualo

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS/S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: Constable



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. 600402 0597 08 0



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

MATHEBULA

VOORNAME/FORENAMES

NOMTHANAZO REGINA THEMIE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1960-04-02

DATUM UITGEREIK
DATE ISSUED

2005-06-14



UITGEREIK OP GESAAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

Handtekening/Signature
original has not been altered in any manner.
waarmee die ooreenstemmende bewys is die
form which was examined by me and that, from my observations, the
ooreenstemmende bewys is en dat, volgens my
I certify that this document is a true reproduction of the original
die getuig dat hierdie dokument 'n ware afbeelding is van die

STASIEKOMMISSARIS
28 JAN 2019
STATION POST MANDER
12TH AIR
SOUTH AFRICAN POLICE SERVICE



AFFIDAVIT

Full names: Joelma Dorah Nkosi
 Residential Address: St. no. 1086, Silindile Loc, Lothair
 Postal Address: N/A
 Place of Employment and Occupation: Unemployed
 Work Address: N/A
 Race: African GENDER: Female Age:
 ID. No: 501130 0248 7
 Home Tel /Cell phone no: 082 7378 748

STATE IN ENGLISH UNDER OATH:

I hereby confirm that on behalf of the Nkosi's family I give the authority to Mbapho Consulting [Edward Matenge] ID nr 630906 5322 155 to move the graves of Hlulose Nkosi, Ndingabakho Nkosi and No name Nkosi to be reburied at Silindile location graveyard. That is all I can state. That is all I can state.

Dorah
 (SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK/THUMBPRINT WAS PLACED IN MY PRESENCE THERON

SIGNED AT: LOTHAIR SAPS DATE 2019-01-28 TIME 13:10

[Signature]
 B.P.K

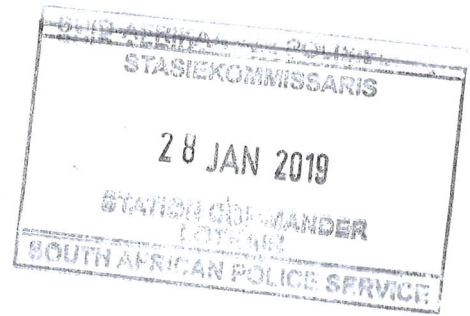
Bathabile P. Khwalo

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS/S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: Constable





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
NKOSI
Names:
ZODWA DORAH
Sex:
F
Nationality:
RSA
Identity Number:
5011300248087
Date of Birth:
30 NOV 1950
Country of Birth:
RSA
Status:
CITIZEN



Signature:

Dorah



STATION COMMANDER
STATION COMMANDER
28 JAN 2019
STATION COMMANDER
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

Handwritten signature
2019/01/28
Handwritten signature



AFFIDAVIT

Full names: Msesi Gatrude Simelane
 Residential Address: St. no. EW308, Tanie
 Postal Address: N/A
 Place of Employment and Occupation: Unemployed
 Work Address: N/A
 Race: African GENDER: female Age: 71
 ID. No: 4811100437082
 Home Tel /Cell phone no: 082 5079169

STATE IN ENGLISH UNDER OATH:

I hereby confirm that on behalf of the Simelane family I hereby give authority to Mbapho Consulting (Edward Matenge) to move Thekuane Simelane's grave from Boenkraans Farm (Portion 12) to Silindile location graveyard. That is all I can state.

Msesi

(SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK, THUMBPRINT WAS PLACED IN MY PRESENCE THERON.

SIGNED AT: LOTHAIR SAPS DATE: 20190128

TIME: 12:50

[Signature]

Bathobile - P Khualo

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS'S A POLICE SERVICE LOTHAIR


BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: Constable



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **SIMELANE**
 Names: **MSESI GATRUDE**
 Sex: **F**
 Nationality: **RSA**
 Identity Number: **4811100437082**
 Date of Birth: **10 NOV 1948**
 Country of Birth: **RSA**
 Status: **CITIZEN**



Signature: **UNABLE TO SIGN**

STASIEKOMMISSARIS
 28 JAN 2019
 STATION COMMANDER
 SOUTH AFRICAN POLICE SERVICE

[Handwritten signature]
 11836
 I hereby certify that the document is a true and correct copy of the original document and that the document is a true and correct copy of the original document and that the document is a true and correct copy of the original document.



AFFIDAVIT

Full names: Simelane Qibelo Popie
 Residential Address: Koolbank farm Lothair 2370
 Postal Address: _____
 Place of Employment and Occupation: N/A
 Work Address: N/A
 Race: African GENDER: female Age: 66
 ID. No: 5307300449083
 Home Tel /Cell phone no: 063 488 7916

STATE IN ENGLISH UNDER OATH:

I as the above mentioned state that I am giving Mboqho consulting (makeng, Edward) id no: 6309065352148 permission or Authority on behalf of the Simelane family to remove a grave of Thekwane Simelane from Bloemkroon farm (portion 12) to silindile location grave yard that is all I wish to state under oath.



1. [Signature]
 2. [Signature]

(SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK/THUMBPRINT WAS PLACED IN MY PRESENCE THERON

SIGNED AT: LOTHAIR SAPS DATE: 2019-01-28 TIME: 12:30
[Signature]

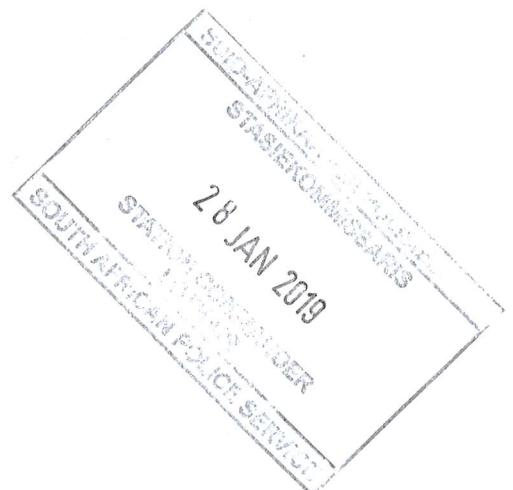
Z.B Mesuku

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS/S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: CST



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.

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I.D. No. 530730 0449 08 3



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

SIMELANE

VOORNAME/FORENAMES

GQIBELO POPIE

GEBORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/DATE OF BIRTH 1953-07-30

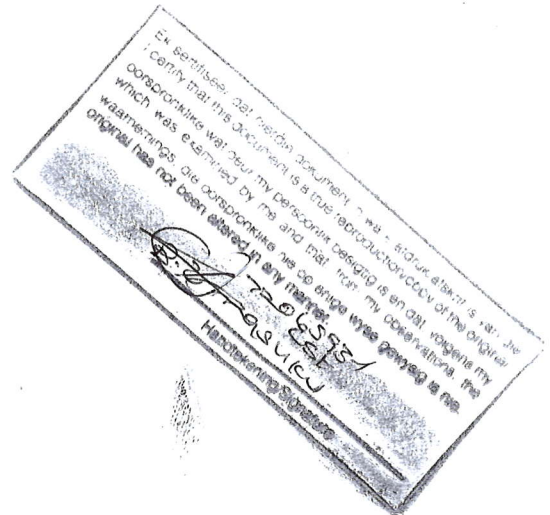
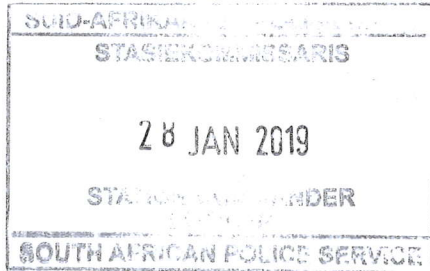


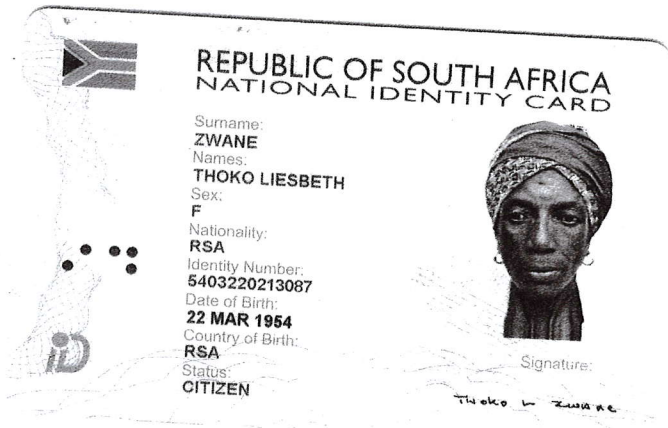
DATUM UITGEREIK
DATE ISSUED

1986-07-01

Uitgereik op gesag van die
Direkteur-generaal:
Binnelandse Sake

Issued by authority of the
Director-General: Home Affairs





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
ZWANE

Names:
THOKO LIESBETH

Sex:
F

Nationality:
RSA

Identity Number:
5403220213087

Date of Birth:
22 MAR 1954

Country of Birth:
RSA

Status:
CITIZEN

Signature:
Thoko L. Zwane

SUID-AFRIKAANSE POLISDIENST
 STASIEKORRESEPTARIS

28 JAN 2019

STASIEKORRESEPTARIS

SOUTH AFRICAN POLICE SERVICE

Ekertifiseer dat hierdie dokument 'n ware afdruk/afekopie van die
 i certify that this document is a true reproduction/copy of the original
 oorspronklike wat deur my persoonlik besigtig is en dat, volgens my
 which was examined by me and that, from my observations, the
 waarnemings, die oorspronklike nie op enige wyse gewysig is nie.
 original has not been altered in any manner.

Handtekening/Signature



AFFIDAVIT

Full names: Zwane Thoko Liesbeth
 Residential Address: NO: 130 silindile location lothair 2370
 Postal Address: P.O. Box 69 Lothair 2370
 Place of Employment and Occupation: N/A
 Work Address: N/A
 Race: African GENDER: Female Age:
 ID. No: 5403220213087
 Home Tel /Cell phone no: 071 5316441

STATE IN ENGLISH UNDER OATH:

I as the above mentioned state under oath that I am giving Mbofho consulting (Maberga Edward) id no: 6309065352128 permission or Authority on behalf of the Zwane family to remove a grave of Mahlagane Zwane, Salimane Nkosi and silusiso Zwane from Bloemkrans farm (portion 12) to silindile location grave yard that is all I wish to state under oath.

Th. Zwane

(SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE MARK, THUMBPRINT WAS PLACED IN MY PRESENCE THEREON.

SIGNED AT: LOTHAIR SAPS DATE: 2019-01-28 TIME: 13:05

72068984
est

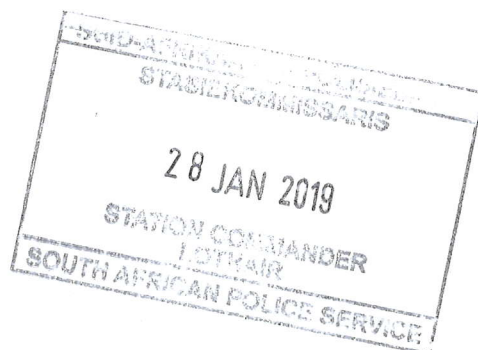
Z.B. Masuku

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS'S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: est





AFFIDAVIT

Full names: Masinga Nomqgibelo Constance
 Residential Address: NO: 130 silindile location Lothair 2370
 Postal Address: P.O. BOX 69 Lothair 2370
 Place of Employment and Occupation: N/A
 Work Address: N/A
 Race: African GENDER: female Age:
 ID. No: 8411200398080
 Home Tel /Cell phone no: 079 0833546

STATE IN ENGLISH UNDER OATH:

I as the above mentioned state under oath I am giving Mbofho consulting (Masinga Edward) id no: 6309065352188 permission or Authority on behalf of the Zwane family to remove a grave of Mahlagane Zwane, Jalimane Nkosi, and Sibusiso Zwane from Bloemkrans farm (portion 12) to silindile location grave yard that is all I wish to state under oath.

Masinga
 (SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK/THUMBPRINT WAS PLACED IN MY PRESENCE THERON

SIGNED AT: LOTHAIR SAPS DATE: 2019-01-28 TIME: 13:15

→ 2060981
LST
Z.B. Masinga

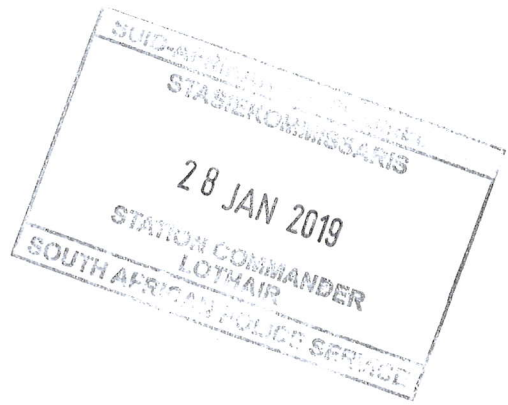
Z.B. Masinga

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS/S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: CSB



E8703/009

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.

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I.D.No. 841120 0398 08 0



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

MASINGA

VOORNAME/FORENAMES

NOMGQIBELO CONSTANCE

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/
DATE OF BIRTH

1984-11-20

DATUM UITGEREIK
DATE ISSUED

2003-11-13

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



SUID-AFRIKAanse POLISIE
STASIEGRIMSBURG
28 JAN 2019
STATION COLLANDER
LOTHER
SOUTH AFRICAN POLICE STATION

Ek sertifiseer dat hierdie dokument 'n ware kopie is van die oorspronklike wat deur my persoonlik besigtig is en dat volgens my waarnemings die oorspronklike nie op enige wyse gewysig is nie original has not been altered in any manner.
72065734
Handtekening/Signature