



AFFIDAVIT

I, Boey Solomon Themba

STATE UNDER OATH IN ENGLISH:

I AM AN ADULT MALE/FEMALE WITH ID NO: 8107065319084

ADDRESS: Plot 4 Muldersdrift

RESIDENTIAL

EMPLOYED: Self Employed

WITH TEL NO. (W) 0761651508 (H) _____

I Boey Solomon Themba, confirm that, I give permission for my family remains to be exhumed and relocated to a formal cemetery in Muldersdrift from the W.G. wearne farm situated in Kruifonlein Muldersdrift west of Johannesburg. My family members are buried in the farm are my grandmother, wife and my aunt. I also confirm that, I will take all the responsibility during the exhumation and relocation of the graves on behalf of my family.

I KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION.

I HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH.

I FIND THE OATH TO BE BINDING ON MY CONSCIENCE.

B.O.

SIGNATURE DEPONENT

I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGE THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO BEFORE ME AND DEPONENTS SIGNATURE MARK WAS PLACED THEREON IN MY PRESENCE AT: Muldersdrift ON: 2020/10/20 ABOUT: 13:20

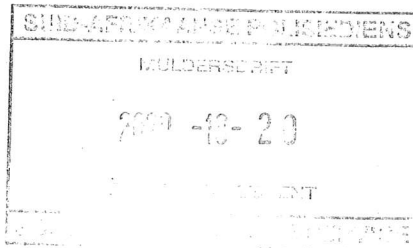
M.L. MOHLELA 0451234-1

COMMISSIONER OF OATH

FULL NAMES AND SURNAME

ADDRESS

RANK



CONSENT FORM

**GRAVES RELOCATION FROM THE FARM RIETFONTEIN, MULDRSDRIFT,
GAUTENG PROVINCE**

I the undersigned:-

NAME- Boj Solomon ID 8107065319084

act on behalf the Themba Family in respect of [number of
graves].....03.....grave(s) located at in the Buffalo City Municipality. I confirm

that I am duly authorised and elected by members of the family. I hereby grant
consent to Dr Edward Matenga of Archaeological & Heritage Services Africa (Reg.
2016 281687 07) to remove and relocate the said grave(s) from its/their present
location at Rietfontein Farm (Muldersdrift) to a local formal cemetery at

Muldersdrift

SIGNATURE [Signature] DATE 28/10/20 PLACE Muldersdrift

SIGNATURE:

CELL: 076 165 1508

DATE: 28/10/20

WITNESS

NAME: Boj Themba

SIGNATURE: [Signature]

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke 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.

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I.D.No. 810706 5319 08 4



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
THEMBA

VOORNAAM/FORENAMES
BOY SOLOMON

**GEBORTE/DISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH**
SOUTH AFRICA

GEBORTE/DATE OF BIRTH
1981-07-06



**DATE/UTGEGEIK
DATE ISSUED**
2002-07-15

**UITGEKER OF GESAG VAN DIE
DIREKTUR-GENERAAL
BINNELANDSE SAKE**

**ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS**

SUID-AFRIKAANSE POLISIEDIENS

MULDERSDRIFT

2020 -10- 2 6

FLEET MANAGEMENT

SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN
 DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING-VOORGELE
 IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N
 WYSIGING OF VERANDERING OF DIE OORSPRONKLIKE DOKUMENT AANGE-
 BRING IS NIE.
 I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE
 ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I
 FURTHER CERTIFY THAT, ACCORDING TO MY OBSERVATIONS, AN AMENDMENT OR A
 CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

[Signature]

MAGNOMMER / FORCE NUMBER: *201218* HAND / HAND: *CAF*
 NAAM IN DRUKSKRIF / NAME IN PRINT: *Leboyo P. LUP*