



FULL NAMES: HLANGABEZO MFUNEKO
 AGE: 45 SA BORN: SA
 ID NUMBER: 7803265815084 RACE: AFRICAN SEX: M
 RESIDENTIAL ADDRESS: SILANGWE A/A BIZANA
 TEL (H): _____ TEL (W): _____
 CELLPHONE: 0625051056
 EMAIL ADDRESS: _____
 OCCUPATION: UNEMPLOYED
 WORK ADDRESS: _____
 LANGUAGE OF DEPONENT: XHOSA

STATES IN ENGLISH / AFRIKAANS / ZULU / XHOSA UNDER OATH

I declare that the following statement is true to the best of my knowledge and I am the person with the above particulars. I understand that I make this statement knowing that if it is tendered in evidence, that I will be liable to be prosecuted if I do wilfully state in it anything which I know to be false or which I do not believe to be true.

I MFUNEKO HLANGABEZO TAKE AN OATH ON BEHALF OF THE HLANGABEZO FAMILY KWASILANGWE, THAT WE MUTUALLY AGREED TO EXHUME REMAINS OF OUR 6 FAMILY MEMBERS WHICH WERE BURIED MANY YEARS AGO, WE WANT THEM TO BE REBURIED INSIDE HLANGABEZO HOMESTEAD. THEY ARE:-

- ZINIYA HLANGABEZO 1905-1956,
- MAMYENI HLANGABEZO 1910-1958,
- MAZULU HLANGABEZO 1912-1969,
- MBHEKWA HLANGABEZO 1923-1960,
- ZANYIWE HLANGABEZO 1927-1965,
- MOLUTHANDO HLANGABEZO 1935-1962.

I know and understand the contents of this statement.
 I have no objections to taking the prescribed oath.
 I consider the prescribed oath to be binding on my conscience.
 I swear that the contents of this statement are true, 'so help me God'.

04
 DEPONENTS SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn to before me and the deponent's signature placed thereon in my presence at MZAMBA on 04/07/2023 at 14:30

SOUTH AFRICAN POLICE SERVICE
 CRIMINAL INVESTIGATION SERVICES
 2023 -07- 04
 MZAMBA SAPS
 EASTERN CAPE

[Signature]
 SIGNATURE
 COMMISSIONER OF OATHS
 FULL NAMES:
N.S. Mthembu
 SOUTH AFRICAN POLICE SERVICE
 BUSINESS ADDRESS: R61 MZAMBA.BIZANA
 RANK: 43 SAPS

71

WOOIN EN POSALAFS

GEREGISTREERDE WOOIN EN

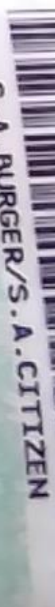
der het, of Indian besonderhede van u
en of -nommer, ens, verander het,
G VAN ADRESVERANDERING, met
persoondokument is, gedruk word om die
sal uit ingedien word by di depart
ofiser van die DEPARTEMENT VAN

TIAL AND POSTAL ADDRESS

REGISTERED RESIDENTIAL AND

I. D. NO. 7803226 5815 08 4

S. A. BURGER/S. A. CITIZEN



VANSURNAME
HLANGABEZO

VOORNAME/FORNAMES
MFUMANEKO

GEBOORTEDI STRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1978-03-26

DATUM UITGEREIK
DATE ISSUED

2004-03-15



UITGEREIK OP GEGAG VAN DIE
DIRAKTEUR-GERERAAL,
BINNBLANDE SAKS

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL,
HOME AFFAIRS