

### Grave Relocation Consent Form

**1. Project Name: SOUTH32 (Goedehoop Mine) Grave Relocation**

Location: ..... Map reference/Coordinates:.....

Nearest Town: Middelburg

**2. Scope of the project:**

Explain the nature and scope of development to the grave(s) custodian. Provide all the necessary project information or documentation to the grave custodian if requested.

**3. Grave(s) Custodian Details:**

Names: Sarah Sebolebe Surname: Mphahlele 6010270780086

Names: KGALEBONE A. Surname: MAHELA 0765642630 Grand child

Relationship to the deceased: GRANDFATHER

Id Number: 510710 5596 082

Id Number: .....

**3.1 Contact Details:** .....

Address: 5947 KHURENG STR. EXT. 3 Mhuzi Code

Tel: ...../Fax: ...../Cell: 072 420 8431

E-mails: .....

**4. Consent:**

I, KGALEBONE A. MAHELA representing/on behalf of ..... family/village/tribal authority, hereby give consent to the applicant to enter/alter/exhume and relocate ..... grave(s) from the current place of burial (Goedehoop) to Mhuzi (.....). I concede that the applicant has clearly explained the nature and scope of the project to me. I have no objection to the proposed grave (s) alteration, exhumation and relocation.

JANUARY MAHELA  
6106085390085  
0796156352

Grave Relocation Consent Form

Responsibility of the applicant (underline the applicable):  
Archaeologist/ Social Facilitator / Undertaker

Name of the Company/Organization:.....

Contact Details:

Address:.....Code.....

Tel:...../Fax:...../Cell:.....

E-mail:.....

Signature of the Applicant:.....Date: ...../...../20.....

Witness1.....(Name & Surname)

Signature .....Date: ...../...../20....

Witness2.....(Name & Surname)

Signature .....Date: ...../...../20....

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

SWORN AFFIDAVIT

NAME AND SURNAME: Kgalebone Abram Mphela

ID NO: 5107105596082 GENDER: \_\_\_\_\_

RESIDENTIAL ADDRESS: 5947 Khureng Crescent, EXT Mhluzi

TEL: 072 420 8431 WORK TEL: \_\_\_\_\_

STATE UNDER OATH IN ENGLISH THAT:

I Kgalebone Abram Mphela with the above mentioned details, I give permission to South 32 mine and Mapu funeral Service permission to relocate the graves at Goeddoop, Storkwater, the following deceased, William Mphela, Joana Mphela, Kelji Mphela



I KNOW AND UNDERSTAND THE CONTENT OF THE ABOVE STATEMENT I HAVE NO OBJECTION IN TAKING THE PRESCRIBED OATH I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE I SWEAR/TRULY AFFIRM THAT THE CONTENT OF THIS STATEMENT IS TRUE. THE WHOLE TRUTH AND NOTHING BUT THE TRUTH SO HELP ME GOD


DATE: 2019/03/08 SIGNATURE: [Signature]

I CERTIFY THAT THE ABOVE MENTIONED STATEMENT WAS TAKEN BY ME AND THE DEPONENT HAS ACKNOWLEDGE THAT THE HE/SHE SHE KNOWS UNDERSTAND THE CONTENT OF THE STATEMENT AND THE DEPONENTS SIGNATURE PLACED THEREON IN MY PRESENCE.


AT(PLACE) : MIDDELBURG ON(DATE): 2019-03-08 AT(TIME) : 16:26


[Signature] 708157 SGT


COMMISSIONER OF OATH NAME & SURNAME: L.W. MATHELA BUSINESS ADDRESS: 2086 NEWARK STR MHLUZI RANK: SGT

 **REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**MPHELA**  
Names:  
**KGALEBONE ABRAM**  
Sex:  
**M**  
Nationality:  
**RSA**  
Identity Number:  
**5107105596082**  
Date of Birth:  
**10 JUL 1951**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**



Signature:  




MR Mphela Kgalebone

269 0012820

Nedbank.



ROBALA KA KHUTSO  
WILLIAM MMAKO  
MPHELA

1885 — 23 . 3 . 1940  
KE NNA NEWANA WACACO  
MARIA  
ISIAH 57 : 11

