



**eStamp**  
**Verw 3018746466217678**  
 2025/12/12  
 Om hierdie staat te bevestig, skakel  
 08600 08600 en kies opsie 5  
**Absa Bank Bpk**

SPAAR REKENINGSTAAT

TERMINAL : KAKAMAS BRANCH 1      TERMINAL NUMBER: 10891  
 DATE : 2025/12/12      TIME : 12:11:55  
 SEQUENCE NUMBER: 002386  
 CARD NUMBER : \*\*\*\*\*6254

MEV S TIETIES  
 LANGSTRAAT Q15  
 KAKAMAS  
 8870

REKENING NOMMER : 0090 8147 3677  
 REKENING STATUS : OOP  
 SALDO : 24.28+  
 BESKIKBARE SALDO : 20.00-  
 TOTALE OPGEL. FOOI: 0.00+

SPEZIALE REKENINGNAAM : S TIETIES  
 STAAT VIR PERIODE 01/09/2025 TOT 12/12/2025

DATUM	TRAN BESKRYWING	VERWYSING	BEDRAG	SALDO
	SALDO OORGEDRA			45.74+
01/09/25	ONSUKSESVOLLE EKS SETTLEMENT/C GEMSBOKKKMKKM/085348 250901		0.00+	45.74+
02/09/25	ONSUKSESVOLLE FOOI		10.00-	35.74+
02/09/25	DIREKTE KREDIET SETTLEMENT/C SOCPENNC - 5201010238086 0		2 870.00+	2 905.74+
02/09/25	DIREKTE KREDIET SETTLEMENT/C SOCPENNC - 5201010238086 C		1 120.00+	4 025.74+
02/09/25	EKSTERN DC OPSPOOR KAKAMAS NPSTKLFUNRDCPRD0000T1TGP250902		130.00-	3 895.74+
02/09/25	TRANSAKSIE FOOI		3.50-	3 892.24+
02/09/25	EKSTERN DC OPSPOOR KAKAMAS GEMSBOKKKMKKM/085348 250901		842.11-	3 050.13+
02/09/25	TRANSAKSIE FOOI		3.50-	3 046.63+
02/09/25	4 LYN MINISTAAT KAKAMAS BRAN STAATFOOI		0.00+	3 046.63+
02/09/25	KAART NR. 6254		10.00-	3 036.63+
02/09/25	OTM ONTTREKKING KAKAMAS BRAN TRANSAKSIE FOOI		2 700.00-	336.63+
02/09/25	KAART NR. 6254		70.20-	266.43+
03/09/25	ADMIN FOOI KAKAMAS		0.00+	266.43+
03/09/25	ADMINISTRASIE FOOI		55.00-	211.43+
03/09/25	INTERNE DC OPSPOOR KAKAMAS ABSALIFE 6606517425 250903		210.00-	1.43+
04/09/25	ONSUKSESVOLLE EKS SETTLEMENT/C GEMSBOKKKMKKM/084186 250904		0.00+	1.43+
05/09/25	ONSUKSESVOLLE FOOI		10.00-*	1.43+
05/09/25	TRAN FOOI VERHAAL KAKAMAS		0.00+	1.43+
05/09/25	TRAN FOOI VERHAAL		1.43-	0.00+
05/09/25	VOL STAATNAVRAAG KAKAMAS BRAN STAATFOOI		0.00+	0.00+
05/09/25	KAART NR. 6254		20.00-*	0.00+
13/09/25	EKSTERNE DC SETTLEMENT/C GEMSBOKKKMKKM/084186 250904		753.36-	753.36-
13/09/25	TRANSAKSIE FOOI		3.50-*	753.36-
13/09/25	ONBETAALDE DC SETTLEMENT/C		753.36+	0.00+
17/09/25	VERWERP : ONVOLDOENDE FONDSE KENNISGEW/FOOI SMS NOTIFYME KENNISGEWING SMS = 0014		0.00+	0.00+
01/10/25	KENNISGEWINGS FOOI		8.40-*	0.00+
01/10/25	ONSUKSESVOLLE EKS SETTLEMENT/C GEMSBOKKKMKKM/084186 250904		0.00+	0.00+
02/10/25	ONSUKSESVOLLE FOOI		10.00-*	0.00+
02/10/25	TRAN FOOI VERHAAL KAKAMAS		0.00+	0.00+
02/10/25	TRAN FOOI VERHAAL		50.47-	50.47-

BLADSY 1

**Stop Card / Stopkaart 0800 11 11 55**

Absa Bank Limited/Beperk Reg No 1986/004794/06  
 Authorised Financial Services Provider/Gemagtigde Finansiële diensteverskaffer  
 Registered Credit Provider/Geregistreerde Kredietverskaffer Reg No NERC/P7



**eStamp**  
**Verw 3018746466217678**  
2025/12/12  
Om hierdie staat te bevestig, skakel  
08600 08600 en kies opsie 5  
**Absa Bank Bpk**

SPAAR REKENINGSTAAT

TERMINAL : KAKAMAS BRANCH 1      TERMINAL NUMBER: 10891  
DATE : 2025/12/12      TIME : 12:11:55  
SEQUENCE NUMBER: 002386  
CARD NUMBER : \*\*\*\*\*6254

REKENING NOMMER : 0090 8147 3677      01/09/2025 TOT 12/12/2025

DATUM	TRAN BESKRYWING	VERWYSING	BEDRAG	SALDO
03/11/25	ADMIN FOOI	KAKAMAS	0.00+	0.00+
	ADMINISTRASIE FOOI		55.00-*	0.00+
03/11/25	ONSUKSESVOLLE INT	SETTLEMENT/C	0.00+	0.00+
	ABSALIFE 6606517425	251103		
	ONSUKSESVOLLE FOOI		10.00-*	0.00+
04/11/25	TRAN FOOI VERHAAL	KAKAMAS	0.00+	0.00+
	TRAN FOOI VERHAAL		82.40-	82.40-
04/11/25	ADMIN FOOI VERHAAL	KAKAMAS	0.00+	82.40-
	ADMINISTRASIE FOOI		55.00-	137.40-
04/11/25	GEW. FOOI VERHAAL	KAKAMAS	0.00+	137.40-
	TRANSAKSIE FOOI		7.03-	144.43-
04/11/25	DIREKTE KREDIET	SETTLEMENT/C	2 880.00+	2 735.57+
	SOCPENNC - 5201010238086 0			
04/11/25	DIREKTE KREDIET	SETTLEMENT/C	1 120.00+	3 855.57+
	SOCPENNC - 5201010238086 C			
04/11/25	INTERNE DC OPSPOOR	KAKAMAS	210.00-	3 645.57+
	ABSALIFE 6606517425	251103		
04/11/25	EKSTERN DC OPSPOOR	KAKAMAS	753.36-	2 892.21+
	GEMSBOKKKMKM/084186	251004		
	TRANSAKSIE FOOI		3.50-	2 888.71+
04/11/25	EKSTERN DC OPSPOOR	KAKAMAS	753.36-	2 135.35+
	GEMSBOKKKMKM/084186	251104		
	TRANSAKSIE FOOI		3.50-	2 131.85+
04/11/25	OTM ONTTREKKING	KAKAMAS BRAN	2 050.00-	81.85+
	TRANSAKSIE FOOI		54.60-	27.25+
	KAART NR. 6254			
07/11/25	VOL STAATNAVRAAG	KAKAMAS BRAN	0.00+	27.25+
	STAATFOOI		20.00-	7.25+
	KAART NR. 6254			
07/11/25	EFTPOS SALDO NAVRG	SETTLEMENT/C	0.00+	7.25+
	000042295009 EDO 9308 IN			
	KAART NR. 6254			
07/11/25	EFTPOS SALDO NAVRG	SETTLEMENT/C	0.00+	7.25+
	000042319485 EDO 9308 IN			
	KAART NR. 6254			
19/11/25	KENNISGEW/FOOI SMS	NOTIFYME	0.00+	7.25+
	SMS NOTIFICATIONS = 0013			
	KENNISGEWINGS FOOI		7.80-*	7.25+
20/11/25	TRAN FOOI VERHAAL	KAKAMAS	0.00+	7.25+
	TRAN FOOI VERHAAL		7.25-	0.00+
02/12/25	TRAN FOOI VERHAAL	KAKAMAS	0.00+	0.00+
	TRAN FOOI VERHAAL		0.55-	0.55-
02/12/25	DIREKTE KREDIET	SETTLEMENT/C	1 120.00+	1 119.45+
	SOCPENNC - 5201010238086 C			
02/12/25	DIREKTE KREDIET	SETTLEMENT/C	2 880.00+	3 999.45+
	SOCPENNC - 5201010238086 0			
02/12/25	EKSTERN DC OPSPOOR	KAKAMAS	130.00-	3 869.45+
	NPSTKLFUNRDCPRD0000T1TGP251202			
	TRANSAKSIE FOOI		3.50-	3 865.95+
02/12/25	EKSTERN DC OPSPOOR	KAKAMAS	748.16-	3 117.79+
	GEMSBOKKKMKM/088208	251201		
	TRANSAKSIE FOOI		3.50-	3 114.29+

BLADSY 3

Stop Card / Stopkaart 0800 11 11 55

Absa Bank Limited/Beperk Reg No 1986/004794/06

Authorised Financial Services Provider/Cemagtigde Finansiële diensteverskaffer

Registered Credit Provider/Ceregistreerde Kredietverskaffer Reg No NCRCP7



**eStamp**  
**Verw 3018746466217678**

2025/12/12

Om hierdie staat te bevestig, skakel  
08600 08600 en kies opsie 5

**Absa Bank Bpk**

SPAAR REKENINGSTAAT

TERMINAL : KAKAMAS BRANCH 1      TERMINAL NUMBER: 10891  
DATE : 2025/12/12      TIME : 12:11:55  
SEQUENCE NUMBER: 002386  
CARD NUMBER : \*\*\*\*\*6254

REKENING NOMMER : 0090 8147 3677      01/09/2025 TOT 12/12/2025

DATUM	TRAN BESKRYWING	VERWYSING	BEDRAG	SALDO
02/12/25	EKSTERN DC OPSPOOR GEMSBOKKKMKM/088210	KAKAMAS 251201	842.11-	2 272.18+
	TRANSAKSIE FOOI		3.50-	2 268.68+
02/12/25	OTM ONTTREKKING TRANSAKSIE FOOI KAART NR. 6254	KAKAMAS KOKE	1 900.00- 49.40-	368.68+ 319.28+
02/12/25	ADMIN FOOI ADMINISTRASIE FOOI	KAKAMAS	0.00+ 55.00-	319.28+ 264.28+
03/12/25	INTERNE DC OPSPOOR ABSALIFE 6606517425	KAKAMAS 251203	210.00-	54.28+
03/12/25	4 LYN MINISTAAT STAATFOOI KAART NR. 6254	KAKAMAS BRAN	0.00+ 10.00-	54.28+ 44.28+
12/12/25	VOL STAATNAVRAAG STAATFOOI KAART NR. 6254	KAKAMAS BRAN	0.00+ 20.00-	44.28+ 24.28+
	OPGELOPE RENTE	OP 12/12/25	0.00+	
	OPGELOPE BONUS	OP 12/12/25	0.00+	

EINDE VAN NAVRAAG

12/12/25

0090 8147 3677

2026 VOORDELE & PRYSE VANAF 1 JANUARIE BESOEK ABSA.CO.ZA/PRICING VIR MEER  
\*\*\* EINDE VAN STAAT \*\*\*

BLADSY. 4

**Stop Card / Stopkaart 0800 11 11 55**

Absa Bank Limited/Beperk Reg No 1966/004794/06

Authorised Financial Services Provider/Cemagtigde Finansiële diensverskaffer

Registered Credit Provider/Ceregistreerde Kredietverskaffer Reg No NCRCP7



Payment / 10-000

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08600 08600 en kies opsie 5  
Absa Bank Bpk

SPAAR REKENINGSTAAT

TERMINAL : KAKAMAS BRANCH 1      TERMINAL NUMBER: 10891  
DATE : 2025/12/12      TIME : 12:11:55  
SEQUENCE NUMBER: 002386  
CARD NUMBER : \*\*\*\*\*6254

REKENING NOMMER : 0090 8147 3677      01/09/2025 TOT 12/12/2025

DATUM	TRAN BESKRYWING	VERWYSING	BEDRAG	SALDO
02/10/25	DIREKTE KREDIET SOCPENNC - 5201010238086 0	SETTLEMENT/C	2 880.00+	2 829.53+
02/10/25	DIREKTE KREDIET SOCPENNC - 5201010238086 C	SETTLEMENT/C	1 120.00+	3 949.53+
02/10/25	EKSTERN DC OPSPOOR KAKAMAS GEMSBOKKKMKKM/084186 250904		753.36-	3 196.17+
02/10/25	TRANSAKSIE FOOI EKSTERN DC OPSPOOR KAKAMAS NPSTKLFUNRDCPRD0000T1TGP251002		3.50- 130.00-	3 192.67+ 3 062.67+
02/10/25	TRANSAKSIE FOOI OTM ONTTREKKING KAKAMAS KOKE KAART NR. 6254		3.50- 2 700.00- 70.20-	3 059.17+ 359.17+ 288.97+
03/10/25	ADMIN FOOI KAKAMAS ADMINISTRASIE FOOI		0.00+ 55.00-	288.97+ 233.97+
03/10/25	INTERNE DC OPSPOOR KAKAMAS ABSALIFE 6606517425 251003		210.00-	23.97+
03/10/25	GEW. FOOI POS DKRT SETTLEMENT/C 527611468639 WILD BEEF KAKAM GEWEIERDE FOOI KAART NR. 6254		0.00+ 10.00-*	23.97+ 23.97+
03/10/25	POS AANKOPE SETTLEMENT/C 074582293915 Yoco *Vern shop (EFFEKTIEF 02/10/25) KAART NR. 6254		21.00-	2.97+
04/10/25	GEW. FOOI VERHAAL KAKAMAS TRANSAKSIE FOOI		0.00+ 2.97-	2.97+ 0.00+
04/10/25	ONSUKSESVOLLE EKS SETTLEMENT/C GEMSBOKKKMKKM/084186 251004		0.00+	0.00+
06/10/25	ONSUKSESVOLLE FOOI VOL STAATNAVRAAG KAKAMAS BRAN STAATFOOI KAART NR. 6254		10.00- 0.00+ 20.00-*	0.00+ 0.00+ 0.00+
13/10/25	EKSTERNE DC SETTLEMENT/C GEMSBOKKKMKKM/084186 251004		753.36-	753.36-
13/10/25	TRANSAKSIE FOOI ONBETAALDE DC SETTLEMENT/C REJECTED : INSUFFICIENT FUNDS		3.50- 753.36+	753.36- 0.00+
17/10/25	KENNISGEW/FOOI SMS NOTIFYME SMS NOTIFICATIONS = 0009		0.00+	0.00+
31/10/25	KENNISGEWINGS FOOI ONSUKSESVOLLE EKS SETTLEMENT/C NPSTKLFUNRDCPRD0000T1TGP251102		5.40- 0.00+	0.00+ 0.00+
01/11/25	ONSUKSESVOLLE FOOI GEMSBOKKKMKKM/084186 251104		10.00- 0.00+	0.00+ 0.00+
01/11/25	ONSUKSESVOLLE FOOI ONSUKSESVOLLE EKS SETTLEMENT/C GEMSBOKKKMKKM/084186 251004		10.00- 0.00+	0.00+ 0.00+
02/11/25	ONSUKSESVOLLE FOOI EKSTERNE DC SETTLEMENT/C NPSTKLFUNRDCPRD0000T1TGP251102		10.00- 130.00-	0.00+ 130.00-
02/11/25	TRANSAKSIE FOOI ONBETAALDE DC SETTLEMENT/C REJECTED : INSUFFICIENT FUNDS		3.50- 130.00+	130.00- 0.00+

10-000

Stop Card / Stopkaart 0800 11 11 55

Absa Bank Limited/Beperk Reg No 1986/004794/06  
Authorised Financial Services Provider/Gemagtigde Finansiële diensteverskaffer  
Registered Credit Provider/Ceregistreerde Kredietverskaffer Reg No NCRCP7

28958305 28956569

# NUPAY

A DIVISION OF ALTRON  
26 December 2025 08:24:41 AM

## Transaction Report

**Merchant:** 000025500000682  
**From Date:** 2025/01/01  
**To Date:** 2025/12/26  
**Debtor Account No:**  
**Debtor ID No:**  
**Contract Ref:**  
**Reschedule:** No  
**Mandate ID:** 26998830

### Failed

Mandate Id	Mandate Request Tran Id	Mandate Reference Number	Contract Reference	Debtor Bank Ref	Date of First Instalment	Date Loaded	Action Date	Cycle Date	Authentication	User Reference	Response	Date Created	Instalment	Original Instalment	Instalments	Response Date & Time	Card Acceptor	PTF Value Amount	Original Total Amount
26998830	0000001965202501300000020000010107	0016202311306712345981	DCFRD0000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-01-31	2025-02-02	Feb	NPSTKLFUNRDCPRD0000TTTGP250202	Insufficient funds	2025-01-30	14	Yes	60	2025-02-03 06:23:14.807	000025500000682	0.00	130.00
26998830	0000001965202502270000040000004461	0016202311306712345981	DCFRD0000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-02-28	2025-03-02	MRT	NPSTKLFUNRDCPRD0000TTTGP250302	Insufficient funds	2025-02-27	15	Yes	60	2025-03-03 06:23:54.353	000025500000682	0.00	130.00
26998830	0000001965202504300000010000010362	0016202311306712345981	DCPRD0000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-05-02	2025-05-02	May	NPSTKLFUNRDCPRD0000TTTGP250502	Insufficient funds	2025-04-30	17	Yes	60	2025-05-05 06:29:42.670	000025500000682	0.00	130.00
26998830	0000001965202507310000010000012326	0016202311306712345981	DCFRD0000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-08-01	2025-08-02	August	NPSTKLFUNRDCPRD0000TTTGP250802	Insufficient funds	2025-07-31	20	Yes	60	2025-08-04 06:22:31.077	000025500000682	0.00	130.00
26998830	0000001965202510300000010000015327	0016202311306712345981	DCFRD0000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-10-31	2025-11-02	NOV	NPSTKLFUNRDCPRD0000TTTGP251102	Insufficient funds	2025-10-30	23	Yes	60	2025-11-03 06:27:42.777	000025500000682	0.00	130.00

3rd missed Premium -

0.00 | 650.00 | 650.00

# NUPAY

A DIVISION OF ALTRON  
26 December 2025 08:23:22 AM

## Transaction Report

Merchant: 000025500000682  
 From Date: 2025/01/01  
 To Date: 2025/12/26  
 Debtor Account No:  
 Debtor ID No:  
 Contract Ref:  
 Reschedule:  
 Mandate ID: No 26998830

### Success

Mandate Id	Mandate Request Tran Id	Mandate Reference Number	Contract Reference	Debtor Bank Ref	Date of First Instalment	Date Loaded	Action Date	Cycle Date	Authentication	User Reference	Date Created	Instalment	Original Instalment	Instalments	Response Date & Time	Card Acceptor	PIF Value	Original Amount	Total Amount
26998830	00000019652024123100000100000010584	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-01-02	2025-01-02	JAN	NPSTKLFUNRDCPRD00000TTTGP250102	2024-12-31 03:29:47.987	13	Yes	60	2025-01-03 03:40:19.810	000025500000682	0.00	130.00	130.00
26998830	00000019652025040100000100000003356	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-04-02	2025-04-02	APR	NPSTKLFUNRDCPRD00000TTTGP250402	2025-04-01 03:31:08.237	16	Yes	60	2025-04-02 03:39:37.030	000025500000682	0.00	130.00	130.00
26998830	00000019652025053100000200000012181	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-06-02	2025-06-02	JUN	NPSTKLFUNRDCPRD00000TTTGP250602	2025-05-31 03:29:40.173	18	Yes	60	2025-06-03 03:35:38.647	000025500000682	0.00	130.00	130.00
26998830	00000019652025070100000100000007553	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-07-02	2025-07-02	JUL	NPSTKLFUNRDCPRD00000TTTGP250702	2025-07-01 03:30:21.593	19	Yes	60	2025-07-02 03:41:56.937	000025500000682	0.00	130.00	130.00
26998830	00000019652025090100000100000006510	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-09-02	2025-09-02	SEP	NPSTKLFUNRDCPRD00000TTTGP250902	2025-09-01 03:30:01.380	21	Yes	60	2025-09-02 04:42:24.020	000025500000682	0.00	130.00	130.00
26998830	00000019652025100100000200000014846	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-10-02	2025-10-02	OCT	NPSTKLFUNRDCPRD00000TTTGP251002	2025-10-01 03:30:01.687	22	Yes	60	2025-10-02 04:17:03.453	000025500000682	0.00	130.00	130.00
26998830	00000019652025120100000100000005023	0016202311306712345981	DCPRD00000TTTGP	ABSA 887066	2024-01-02	2023-11-30	2025-12-02	2025-12-02	DEC	NPSTKLFUNRDCPRD00000TTTGP251202	2025-12-01 03:30:01.490	24	Yes	60	2025-12-02 04:20:22.943	000025500000682	0.00	130.00	130.00

60 premiums -

0.00 910.00 910.00  
 R1560-00



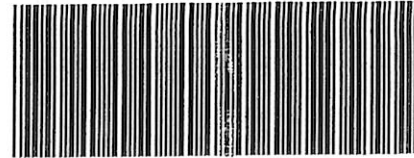


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294718

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the **CORRECT** box, where required. **All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.** (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. MPI1001949

24. Surname BENJAMIN

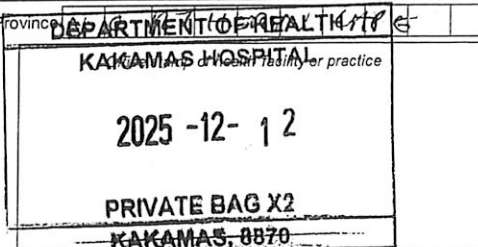
25. Forenames TAYHIRA

26. Name of Health Facility / Practice KAKAMAS HOSPITAL 27. Facility / Practice No. 5605008

28. Business Address: Street HOFMEYER WEG

Town KAKAMAS Province DEPARTMENT OF HEALTH

Telephone No. (Office) \_\_\_\_\_ Postal Code 8570



I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed Kakamas Hospital  
Date signed 20251212

Signature

**C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST**

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem Y Y Y Y M M D D

32. Name of Medico-legal Mortuary \_\_\_\_\_ 33. Mortuary No. \_\_\_\_\_

34. Mortuary Reference Number of Deceased \_\_\_\_\_

35. SAPS Case No. \_\_\_\_\_ 36. Name of Police Station \_\_\_\_\_

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

36.1 HPCSA Registration No. \_\_\_\_\_

37. Surname \_\_\_\_\_

38. Forenames \_\_\_\_\_

39. Business Address: Street \_\_\_\_\_

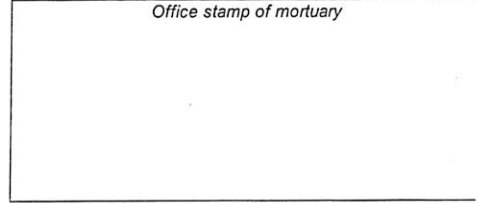
Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No. (Office) \_\_\_\_\_

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed \_\_\_\_\_  
Date signed Y Y Y Y M M D D

Signature \_\_\_\_\_



**D. PARTICULARS OF INFORMANT**

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) S201010238086 41. Date of Birth 19520101

42. Citizenship SOUTH AFRICAN

43. Surname TLETIES

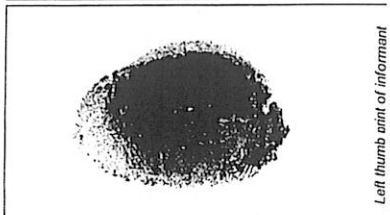
44. Forenames SUSANNA

45. Residential Address: Street LAWNSTRAAT QIS

Town KAKAMAS Province NORTHERN CAPE Postal Code 8870

Telephone No. (Home) \_\_\_\_\_ Cellphone No. 0731187371

46. The Deceased is my:  46.1 Parent  46.2 Spouse  46.3 Child  46.4 Other, Specify Mace



I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature [Signature] 20251212

Left thumb print of informant



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**NOTICE OF DEATH / STILLBIRTH**  
[Births and Deaths Registration Act 51 of 1992]  
[Regulations 11 and 14]



1663J294718

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the **CORRECT** box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour GENTS FUNERALS

48. DHA Designation No. UPT 13/01 49. Company Reg. No. 201110417323

50. SARS Reg. No. (Income tax reference no.)

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner) 5505150033085

52. Surname HAVENGA

53. Forenames CHRISTA

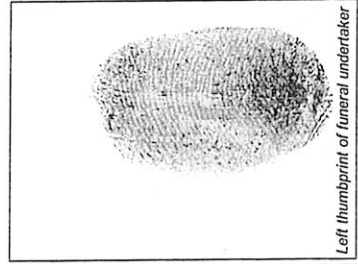
54. Business Address  
Street HOFMEYER WEG 14  
Town KAKAMAS  
Province NK Postal Code

Telephone No. (Office) 0836547384 Cellphone No.

55. Date of collection of corpse 20251211 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) KAKAMAS Province

58. Date of Burial 20251220 59. Grave No. (if available)



Left thumbprint of funeral undertaker

Place signed Kakamas  
Date signed 20251212 Signature [Signature]

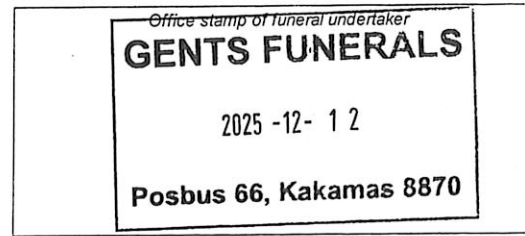
**Name of person who collected the deceased:**

60. Identity No. (Passport No. if foreigner) 5505150033085

61. Surname HAVENGA

62. Forenames CHRISTA

Place signed Kakamas  
63. Date signed 20251212 Signature [Signature]



**F. FOR OFFICIAL USE ONLY**

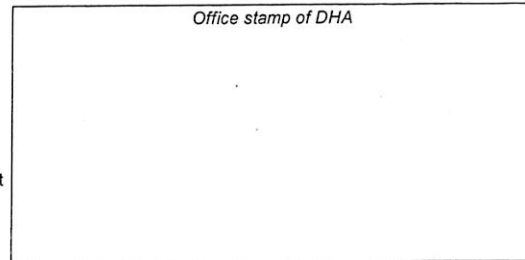
Registration of death approved, DHA-1663 received by (particulars of DHA official):

64. Surname

65. Forenames

66. Persal No.

Documents included with this notice:  Copy of the deceased's ID  Copy of ID document of the informant  
 DHA - 6 (if applicable)  DHA - 1680 (if applicable)  
 DHA-1663 was submitted by:  Informant  Funeral Undertaker



# NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the **CORRECT** box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)



1663J294718

FOLD TO THIS POINT

**This page must be sealed after completion to ensure confidentiality**

ID No. (Passport No. if foreigner) 8708120227087 File no 924/23 Date 12-12-25 DHA-1663 B Page 1 of 1

## G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

### PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) 8708120227087

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname ESAU

70. Forenames ELRIKA

71. Population Group  71.1 African  71.2 White  71.3 Indian/Asian  71.4 Coloured  71.5 Other (specify) \_\_\_\_\_

72. Place of Death  72.1 Hospital/Inpatient  72.2 ER/Outpatient  72.3 DDA  72.4 Nursing Home  72.5 At home  72.6 Other (specify) \_\_\_\_\_

73. Name of Health Facility/Practice KAKAMAAS HOSPITAL

74. Facility Contact Telephone No. incl. Area Code 0544310866

75. Patient File No. 924/23

76. Contact Person at Facility: Surname BASSON Forenames GERALD Role/Rank NURSE

### G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

#### 77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line

IMMEDIATE CAUSE (final disease or condition resulting in death) a) Respiratory failure Due to (or as a consequence of) \_\_\_\_\_

Sequentially list conditions, if any, leading to immediate cause. b) Pulmonary tuberculosis Due to (or as a consequence of) \_\_\_\_\_

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) Humoral immunodeficiency virus Due to (or as a consequence of) \_\_\_\_\_

d) \_\_\_\_\_

Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 \_\_\_\_\_

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (  )  82.1 Yes  82.2 No

79. Method used to ascertain the cause of death (tick all that apply):  79.1 Autopsy  79.2 Post mortem examination  79.3 Opinion of attending medical practitioner  79.4 Opinion of attending medical practitioner on duty  79.5 Opinion of registered professional nurse  79.6 Interview of family member  79.7 Other (specify) \_\_\_\_\_

For office use only	
ICD-10	

### G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

Mother	Child
80. Identity Number _____	89. Type of death: <input type="checkbox"/> 89.1 Stillbirth <input type="checkbox"/> 89.2 Live birth
81. Date of Birth <u>YYYYMMDD</u>	90. Birth weight (in grams) _____
82. Age of last birthday/ DOB unknown _____	91. This birth was: <input type="checkbox"/> 91.1 Single birth <input type="checkbox"/> 91.2 First twin <input type="checkbox"/> 91.3 Second twin <input type="checkbox"/> 91.4 Other multiple
83. Number of previous pregnancies resulting in: <input type="checkbox"/> 83.1 Live births <input type="checkbox"/> 83.2 Stillbirths <input type="checkbox"/> 83.3 Abortions	92. If still born, heartbeat ceased: <input type="checkbox"/> 92.1 Before labour <input type="checkbox"/> 92.2 During labour but before delivery <input type="checkbox"/> 92.3 Before delivery but not known whether before or during labour
84. Outcome of last previous pregnancy (tick one): <input type="checkbox"/> 84.1 Live birth <input type="checkbox"/> 84.2 Stillbirth <input type="checkbox"/> 84.3 Abortion	93. If death occurred within 24 hours after birth, number of hours alive _____
85. Date of last previous delivery <u>YYYYMMDD</u>	94. Attendant at birth: <input type="checkbox"/> 94.1 Physician <input type="checkbox"/> 94.2 Trained midwife <input type="checkbox"/> 94.3 Other trained person (specify) _____ <input type="checkbox"/> 94.4 Other (specify) _____
86. First day of last menstrual period <u>YYYYMMDD</u>	
Or, if unknown, estimated duration of pregnancy (in completed weeks) _____	
87. Method of delivery: <input type="checkbox"/> 87.1 Spontaneous <input type="checkbox"/> 87.4 Vacuum extractor <input type="checkbox"/> 87.2 Forceps delivery <input type="checkbox"/> 87.5 Caesarean section <input type="checkbox"/> 87.3 Forceps and rotation <input type="checkbox"/> 87.6 Other (specify) _____	
88. Antenatal care two or more visits: <input type="checkbox"/> 88.1 Yes <input type="checkbox"/> 88.2 No <input type="checkbox"/> 88.3 Unknown	

#### 95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant \_\_\_\_\_

b. Other diseases or conditions in foetus or infant \_\_\_\_\_

c. Main maternal disease or condition affecting foetus or infant \_\_\_\_\_

d. Other maternal diseases or conditions affecting foetus or infant \_\_\_\_\_

e. Other relevant circumstances \_\_\_\_\_

96. Autopsy information (  )  96.1 Certified causes of death has been confirmed by autopsy  96.2 Autopsy information may be available later  96.3 Autopsy not performed

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

Annexure 16  
**BURIAL ORDER**  
[Births and Deaths Registration Act 51 of 1992]



AA4711434



[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with  the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue 2025 12 12  
Serial number of DHA-1663 5294718 Bar-code number of DHA-1663 16635294718

**A. PARTICULARS OF DECEASED**

Identity number 870812 0227 087 Date of birth 1987 08 12  
Passport number (if foreigner) \_\_\_\_\_ Date of death 2025 12 11  
Citizenship JAC Sex FEMALE  
Surname ESAY  
Previous or Maiden surname \_\_\_\_\_  
Forenames ELRIKA  
Place of death: City/Town KAKAMAS Province NC  
Place of burial: City/Town KAKAMAS Province NC  
Cause of death Natural  Unnatural  Under investigation

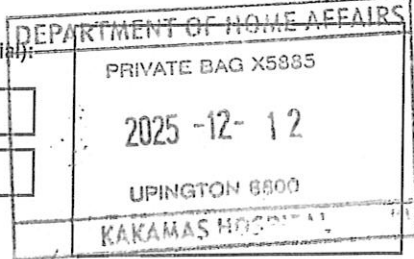
**B. AUTHORITY FOR BURIAL OF CORPSE**

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

**C. FOR OFFICIAL USE ONLY**

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):

Surname BDLOMON  
Forenames NUYANI ABENVEDI  
Persal No. 81181351



Documents included with this notice:  Copy of the deceased's ID/passport  Copy of ID document/passport of the informant  
JHA-1663 was submitted by:  Informant  Funeral Undertaker  
Identity Number of Recipient: Identity number 520101 0238 086  
Funeral Undertaker: Designation number \_\_\_\_\_  
Signature of recipient P. Sietes Date received 2025 12 12



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9598718

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

## DEATH CERTIFICATE

IDENTITY NUMBER: 870812 0227 08 7  
 SURNAME: ESAU  
 FIRST NAMES: ELRIKA  
 DATE OF BIRTH: 1987-08-12  
 GENDER: FEMALE  
 MARITAL STATUS: NEVER MARRIED  
 DATE OF DEATH: 2025-12-11  
 PLACE OF DEATH: KAKAMAS  
 CAUSE OF DEATH: NATURAL CAUSES

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK IS DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOOR IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMING DAAR NIE WYSSING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENTE AANGEBRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. FURTHER, I CERTIFY THAT, FROM MY OBSERVATIONS AND OBSERVATIONS, NO CHANGE OF CHANGE WAS NOT MADE TO THIS ORIGINAL DOCUMENT.

*[Signature]*  
 HANDELSKENNING / SIGNATURE  
 ID NUMBER: 7267776-7 RANK: Constable  
 NAME IN DRUKSKRIF / NAME IN PRINT: *[Printed Name]*

DATE OF ISSUE: 2025-12-12

ISSUED BY: YDC540

*[Signature]*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X5885  
 2025 -12- 12  
 UPINGTON 8800  
 KAKAMAS HOSPITAL (1)

SUID AFRIKAANSE POLISIE DIENS  
 2025 -12- 17  
 VISPOL  
 SOUTH AFRICAN POLICE SERVICE



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, by: straatnaam, en/of nommer, ens. verander het, moet die vorm **KENNISGEWING VAN ADRESVERANDERING**, wat in die sakkie saam met hierdie 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

Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

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. 870812 0227 08 7



S.A. BURGER/S.A. CITIZEN

VAN/SURNAMEN  
**ESAU**

VOORNAME/FORENAME  
**ELRIKA**

GEBORTEDISTRIK OF LAND  
DISTRICT OR COUNTRY OF BIRTH  
**SUID-AFRIKA**

GEBORTE DATUM/  
DATE OF BIRTH  
**1987-08-12**

DATUM UITGEREIK  
DATE ISSUED  
**2004-05-14**

UITGEREIK OP OESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS



SUID-AFRIKAANSE REPUBLIEK

2025-11-12

VISPOL

SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK IS DIE OORSPRONKLIEKE DOKUMENT WAT AAN MY VIR WAARNEMING VOOR IS EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMING DAAR NIE WYSSING OF VERANDERING OP DIE OORSPRONKLIEKE DOKUMENTE AANGEBRING IS NIE

I CERTIFY THAT THIS DOCUMENT IS TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION FURTHER CERTIFY THAT, FROM MY OBSERVATIONS AND OBSERVATIONS AN AMENDMENT OF CHANGE WAS NOT MADE TO THIS ORIGINAL DOCUMENT.

*L. Strauss*  
70637692


HANDTEKENING / SIGNATURE

MAGSNOMMER / FORCE NUMBER 70637692 RANK / RANG CST


NAAM IN DRUKSKRIF / NAME IN PRINT Luzan R. Strauss

SUID-APKANSREPOLEITIEK  
 2025-12-12  
 VISPOL  
 SOUTH AFRICAN POLICE SERVICE

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



Surname: TIETIES  
 Names: SUSANNA  
 Sex: F  
 Nationality: RSA  
 Identity Number: 5201010238086  
 Date of Birth: 01 JAN 1952  
 Country of Birth: RSA  
 Status: CITIZEN

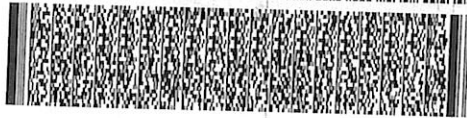


Signature: *S. Tieties*

Conditions:  
 This card has been issued by the  
 Department of Home Affairs in terms of the  
 Identification Act, Act 68 of 1997  
 If found please return to the Department of Home Affairs  
 For enquiry or verification purposes contact 0800 60 11 60

Date of Issue:  
 13 MAR 2018

106325367



EK BERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDruk IS DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOOR IS EK BERTIFISEER VERDER DAT, VOLGENS MY WAARNEMING DAAR NIE WYSIERS OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENTE AANGEERING IS NIE

I CERTIFY THAT THIS DOCUMENT IS TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION FURTHER CERTIFY THAT, FROM MY OBSERVATIONS AND OBSERVATIONS AN AMENDMENT OF CHANGE WAS NOT MADE TO THIS ORIGINAL DOCUMENT.

*L. Strauss*  
 72637692  
 HANDTEKENING / SIGNATURE

MAGSNOMMER / FORCE NUMBER 72637692 RANK / RANG CST

NAAM IN DRUKSKRIF / NAME IN PRINT LURAN R. STRAUSS