

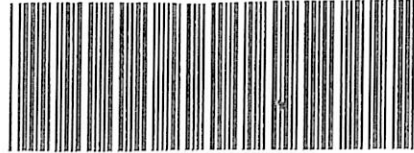


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



16631094038

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)

3. 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. M P 0 9 8 1 7 4 6 8

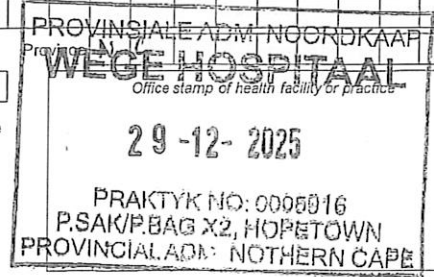
4. Surname: M A D D I S A

5. Forenames: M A S E G O J O Y

6. Name of Health Facility / Practice: W E G E C H O 27. Facility / Practice No.

8. Business Address: Street 5 3 C L O S S S T L E E T
Town H O P E T O W N

Telephone No. (Office) 0 7 9 9 6 6 2 1 8 Postal Code 8 7 5 0



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: HOPETOWN
Date signed: 20 12 2025 Signature: [Signature]

3. 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

11. Date of Post-mortem: Y Y Y Y M M D D

12. Name of Medico-legal Mortuary: 33. Mortuary No.

14. Mortuary Reference Number of Deceased:

15. 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.

17. Surname:

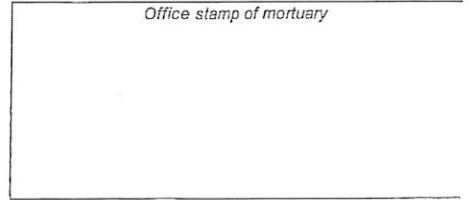
18. Forenames:

19. Business Address: Street Province Postal Code
Town

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.

10. Identity No. (Passport No. if foreigner) 6003190354082 41. Date of Birth: Y Y Y Y M M D D

12. Citizenship: QSA

13. Surname: JACOBS

14. Forenames: ARUNA JOSEPHINA

15. Residential Address: Street MANANTH STREET 145 Province NOORDKAAPE Postal Code 8750

Telephone No. (Home) Cellphone No. 0845190278

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



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: ANN J JACOBS Date signed: 20 12 2025



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



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[Regulations 11 and 14]

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.

17. Name of Funeral Parlour TSHEGOMATSO FUNERALS

18. DHA Designation No. KF004 49. Company Reg. No. 2014/061321/07

50. SARS Reg. No. (Income tax reference no.) 9267875194

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 9912256302081

52. Surname THUNTSHA

53. Forenames RIHAN

54. Business Address
Street 1041 EXT 3
Town JACOBSDAL
Province FREE STATE Postal Code 8710

Telephone No. (Office) 0782676991 Cellphone No. 0784030562

55. Date of collection of corpse 20251229 56. Date of Cremation (if applicable) Y Y Y Y M M D D

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

58. Date of Burial 20260110 59. Grave No. (if available)



Place signed HOPETOWN
Date signed 20251229 Signature [Signature]

Name of person who collected the deceased:

1. Identity No. (Passport No. if foreigner) 9912256302081

2. Surname THUNTSHA

3. Forenames RIHAN

Place signed HOPETOWN
Date signed 20251229 Signature [Signature]

TSHEGOMATSO FUNERAL PARLOUR
Reg: 2014/061321/07 Tax 9267875194
1089 Ext. 3, Ratanang
JACOBSDAL 8710
TEL: 078 403 0562 / 078 267 6991
DES. No: KF004

FOR OFFICIAL USE ONLY

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

4. Surname

5. Forenames

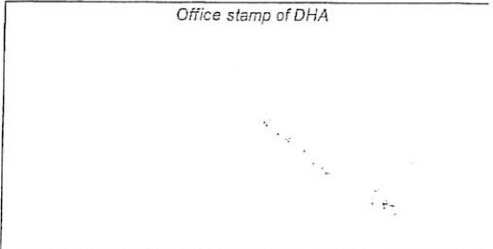
3. Personal No.

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)

HA-1663 was submitted by: Informant Funeral Undertaker





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 9041363

83/DHA - 5



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

ABRIDGED
DEATH CERTIFICATE

IDENTITY NUMBER: 581231 5696 08 1
SURNAME: BUFFEL

FIRST NAMES: PIET GHADINWE

DATE OF BIRTH: 1958-12-31

GENDER: MALE

MARITAL STATUS: NEVER MARRIED


DATE OF DEATH: 2025-12-29

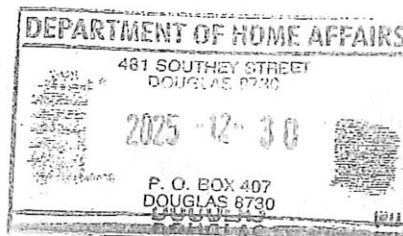
PLACE OF DEATH: HOPETOWN

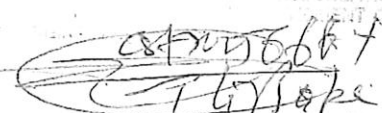
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-12-30

ISSUED BY: YOG106


P. E. TONJAN
DIRECTOR-GENERAL: HOME AFFAIRS




T. G. G. G.
72536-4
TE: B96

REASON FOR DEATH:
POLICE NUMBER:
REASON IN DRUGS:
REASON IN PRINT:



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BUFFEL
Names:
PIET GHADINWE
Sex:
M
Nationality:
RSA
Identity Number:
5812315696081
Date of Birth:
31 DEC 1958
Country of Birth:
RSA
Status:
CITIZEN



Signature:



SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTRE
HOPETOWN
2026 -01- 02
COMMUNITY SERVICE CENTRE
SUID-AFRIKAANSE POLISIEDIENS

Conditions:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

Date of Issue:
11 OCT 2021

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90



116918373



BEWAGINGSOMMER DAT DIE DOKUMENT 'N WARE AFDRUK (AFSKRYF) IS VAN
DIE OORSPONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGEL
IS. EN SEKURITEIT VERDER DAT, VOLGENS MY WAARNEMING, DAAR NIE 'N
WYSIGING OF VERANDERING OF TOEWYSDING VAN DIE DOKUMENT AANGE-
BRINGING.

I DEPOSED THAT THIS DOCUMENT IS A TRUE AND CORRECT COPY OF THE
ORIGINAL DOCUMENT WHICH I BROUGHT TO ME FOR AUTHENTICATION. I
FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A
CHANGE HAS NOT TAKEN PLACE TO THE ORIGINAL DOCUMENT.

HANDTEKENING/SIGNATURE

MAGSNOMMER
FORCE NUMBER

722566-4

RANG
RANK

CSF

NAAM

T. G. Buffel



eStamp
Verw4154734431190501
2026/01/06
Om hierdie staat te bevestig, skakel
08600 08600 en kies opsie 5
Absa Bank Bpk

SPAAR REKENINGSTAAT

TERMINAL : HOPETOWN BRANCH1
DATE : 2026/01/06
SEQUENCE NUMBER: 004633
CARD NUMBER : *****5854

TERMINAL NUMBER: 13914
TIME : 09:02:27

MEJ ER JACOBS
DAHLIA STRAAT 481
HOPETOWN
8750

REKENING NOMMER : 0093 1424 7781
REKENING STATUS : OOP
SALDO : 17.47+
BESKIKBARE SALDO : 0.00+
TOTALE OPGEL. FOOI: 20.00-

STAAT VIR PERIODE 01/10/2025 TOT 06/01/2026

DATUM	TRAN BESKRYWING	VERWYSING	BEDRAG	SALDO
	SALDO OORGEDRA			9.97+
03/10/25	ADMIN FOOI	PEP STORES	0.00+	3.47+
	ADMINISTRASIE FOOI		6.50-*	3.47+
03/10/25	ADMIN FOOI VERHAAL	PEP STORES	0.00+	3.47+
	ADMINISTRASIE FOOI		3.47-	0.00+
04/10/25	KENNISGEW/FOOI SMS	NOTIFYME	0.00+	0.00+
	KENNISGEWING SMS =	0001		
	KENNISGEWINGS FOOI		0.60-*	0.00+
06/10/25	ADMIN FOOI VERHAAL	PEP STORES	0.00+	0.00+
	ADMINISTRASIE FOOI		3.03-	3.03-
06/10/25	TRAN FOOI VERHAAL	PEP STORES	0.00+	3.03-
	TRAN FOOI VERHAAL		0.60-	3.63-
06/10/25	DIREKTE KREDIET	SETTLEMENT/C	1 680.00+	1 676.37+
	SOCPENNC - 8403100042082 C			
06/10/25	OTM ONTTREKKING	HOPETOWN BRA	1 600.00-	76.37+
	TRANSAKSIE FOOI		20.00-	56.37+
	KAART NR. 5854			
17/10/25	KENNISGEW/FOOI SMS	NOTIFYME	0.00+	56.37+
	SMS NOTIFICATIONS =	0004		
	KENNISGEWINGS FOOI		2.40-	53.97+
03/11/25	ADMIN FOOI	PEP STORES	0.00+	53.97+
	ADMINISTRASIE FOOI		6.50-	47.47+
06/11/25	DIREKTE KREDIET	SETTLEMENT/C	1 680.00+	1 727.47+
	SOCPENNC - 8403100042082 C			
06/11/25	OTM ONTTREKKING	HOPETOWN BRA	1 650.00-	77.47+
	TRANSAKSIE FOOI		20.00-	57.47+
	KAART NR. 5854			
06/11/25	OTM ONTTREKKING	HOPETOWN BRA	20.00-	37.47+
	TRANSAKSIE FOOI		10.00-	27.47+
	KAART NR. 5854			
19/11/25	KENNISGEW/FOOI SMS	NOTIFYME	0.00+	27.47+
	SMS NOTIFICATIONS =	0006		
	KENNISGEWINGS FOOI		3.60-	23.87+
03/12/25	ADMIN FOOI	PEP STORES	0.00+	23.87+
	ADMINISTRASIE FOOI		6.50-	17.37+
04/12/25	DIREKTE KREDIET	SETTLEMENT/C	1 680.00+	1 697.37+
	SOCPENNC - 8403100042082 C			
04/12/25	OTM ONTTREKKING	HOPETOWN BRA	1 650.00-	47.37+
	TRANSAKSIE FOOI		20.00-	27.37+
	KAART NR. 5854			
18/12/25	KENNISGEW/FOOI SMS	NOTIFYME	0.00+	27.37+
	SMS NOTIFICATIONS =	0004		
	KENNISGEWINGS FOOI		2.40-	24.97+
03/01/26	ADMIN FOOI	PEP STORES	0.00+	24.97+
	ADMINISTRASIE FOOI		7.50-	17.47+

BLADSY 1

Stop Card / Stopkaart 0800 11 11 55

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

E. Declaration by claimant

I, the undersigned _____ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Safrican from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail. By signing this form; I give Safrican permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, Safrican cannot pay any benefits/refunds to me if my details are on any sanction lists.

A J Jacobs

Signature of Policyholder/Claimant/Beneficiary

Date

F. Protection of Personal Information ("POPIA") Declaration

The Protection of Personal Information Act (POPIA) requires Safrican to inform you how we collect, process, use, disclose, and destroy personal information we obtain from you. Safrican is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable law. Safrican undertakes not to divulge data to any party not signatory to this Policy, any information you supplied and relating to your Benefits without your prior written consent, unless required by law.

By signing this declaration, I consent to the following:

- My personal information may be collected, processed, recorded, used for purposes of concluding and administering this policy and must be safeguarded during the rendering of financial services to me by Safrican.
- Safrican will use my personal information only for the purposes for which it was collected and agreed to with me.
- Safrican may add to my personal information, information received from other product providers and third parties contracted with Safrican to offer a more comprehensive and appropriate service to me.
- Safrican may verify, share, and disclose my personal information to their product providers and third parties contracted with Safrican whose services or products they use to adequately and appropriately render financial services to me.
- Safrican may also disclose my information where it has a duty or a right to disclose in terms of applicable legislation, the law or where it may be necessary to protect its rights.
- Safrican may use my personal information for historical, statistical, research, fraud analysis and sanction screening purposes.
- Safrican will adequately protect my personal information to avoid unauthorized access and use of my personal information.

Furthermore, I understand that:

- I have the right to access my personal information.
- I have the right to ask Safrican to update, correct or delete my personal information.
- Should I wish to withdraw my consent to process my personal information, I must do so in writing. You can contact Safrican on 011 778 8000 or on service@sfrican.co.za and request the information you would like or to withdraw your consent.
- Once I object to Safrican processing my personal information, Safrican may no longer process my personal information, unless to conclude outstanding business. If I object to Safrican processing my personal information, cover in terms of the Policy may terminate as the processing of the personal information is material to servicing the Policy. Once I withdraw my consent, I understand that Safrican is still obliged under other legislation

to keep the information for at least 5 years after termination of the relationship between Safrican and myself.

- Prior to giving Safrican a minor child's personal information, I understand that Safrican may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to Safrican collecting and processing the child's information in my capacity as the child's competent person.
- We may send your personal information to service providers outside the Republic of South Africa for storage or further processing on Safrican behalf. We will ask your consent before we send your information to a country that does not have information protection legislation similar to that of the Republic of South Africa.
- Our complete privacy policy is available on www.sfrican.co.za and at a branch nearest to you.
- We may share with other business units and companies which are part of the Safrican Group* to market our financial products and services which we deem similar, with the aim of affording you the opportunity of taking up some of the financial products or services to fulfil your needs.
- We may also collect your personal information from other insurers, service providers, law enforcement agencies and other providers, which may assist in saving cost and combating fraud.
- We may share your information with other business units and companies* which are part of the Safrican Group for the purposes of administering your membership to a loyalty/ rewards/wellness or benefit programme

You have the right to:

- request a copy of your personal information as processed by us;
 - ask for an update and/or correction of your personal information;
 - object to your information being used for any marketing campaign; and
 - opt-out at any time of direct marketing by contacting Safrican Customer Care Centre on 011 778 8000 or via email on service@sfrican.co.za
- Safrican Group includes all the companies and businesses, whether corporate or unincorporated, that comprises the Safrican Group or is under the direct or indirect control of Safrican and includes its representatives. See www.sfrican.co.za for more information.

Due to you being a client of Safrican, we may provide you with information (incl. marketing information) about our similar financial products and other services, which may include text messages, emails, and the like. Should you not wish to receive marketing or advertising information from us, please contact Safrican Customer Care Centre at: 011 778 8000 or via email on service@sfrican.co.za

A.J. Jacobs

Signature

Date

G. Employer details

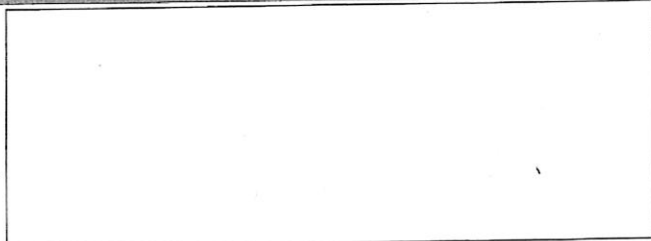
Name of Employer _____ Name of scheme _____
 Contact Person _____ Telephone number _____
 Fax number _____ Email _____

H. Declaration by employer

 Signature of authorised person

 Designation of authorised person

 Date



Company stamp

I. Contact us

Physical address Sanlam Business Park, 9 West Street, Houghton, 2198
Postal address P.O. Box 1941 Houghton 2041, South Africa
Telephone 011 778 8000

Emails: Individual Claims (*individual business*) is to be submitted to services@sfrican.co.za
 Group Claims for ARL Business is to be submitted to groupclaims@sfrican.co.za
 Group Claims for Safrican Business is submitted to safclaims@sfrican.co.za