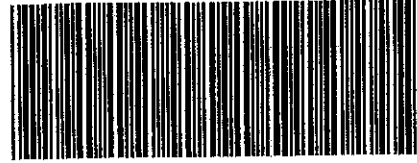




REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS



1663I460531

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[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 [X] 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)

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth? [X] 1.1 Death [ ] 1.2 Stillbirth

2. Identification of the deceased (tick one box):

[X] 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

[ ] 2.2 Stillborn child

[ ] 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

[ ] 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

[ ] 2.5 The deceased was already buried prior to the completion of this form

[ ] 2.6 The deceased was unidentifiable: [ ] 2.6.1 Burnt [ ] 2.6.2 Decomposed [ ] 2.6.3 Other (specify) \_\_\_\_\_

[ ] 2.6.4 DNA samples retrieved for identification purposes [ ] 2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

2024/11/29

4.1 Place of Death/stillbirth (City/Town/Village)

GR2007 DRINK MK

4.2 Province of Death/stillbirth

NORTHERN CAPE

5. Place of Registration of Death / stillbirth

GR2007

6. If death occurred within 24 hours after birth, number of hours alive

NA

7. Home telephone no.

0630334914

8. Identity No. (Passport No. if foreigner)

6411095226083

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

2007/11/29

11. Gender

[X] 11.1 Male

[ ] 11.2 Female

[ ] 11.3 Indeterminable

12. Surname

STANDER

13. Previous / Maiden Surname

-

14. Forenames

HANS

15. Usual\* Residential Address: Street

63 SCHOOLS TRAIT

Town

GR2007 DRINK MK

Province

NORTHERN CAPE

Postal code

8822

16. Citizenship

SOUTH AFRICA

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

GR2007 DRINK MK

16.2 Province of Birth

NORTHERN CAPE

17. Marital Status of the deceased

[X] 17.1 Single

[ ] 17.2 Married

[ ] 17.3 Widowed

[ ] 17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known
[X]															

(mark with a [X])

19. Usual occupation of deceased (type of work done during most of working life)

DISABLED

20. Type of business / industry: (mark with a [X])

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extritorial organisations, representatives of foreign governments & other activities not adequately defined
			[X]		[X]				

21. Was the deceased a regular\*\* smoker five years ago? (mark with a [X])

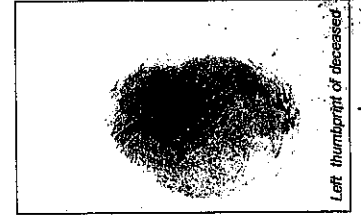
[ ] 21.1 Yes

[X] 21.2 No

[ ] 21.3 Do not know

[ ] 21.4 Not applicable (minor)

\* Where the deceased lived on most days. \*\*Smoking tobacco on most days.





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]  
[Regulations 11 and 14]

1663I460531

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. 15799273

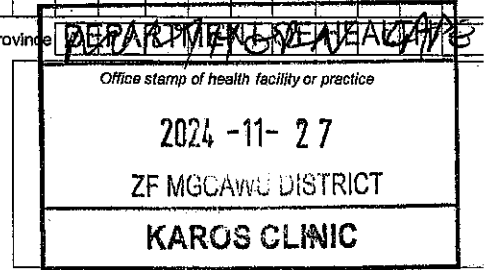
24. Surname: SERORO

25. Forenames: MODISAQALE KWE JACOBS

26. Name of Health Facility / Practice: KAROS CLINIC 27. Facility / Practice No. \_\_\_\_\_

28. Business Address: Street 39 LANCAST LANE Town KAROS Province DEPARTMENT OF NORTHERN CAPE

Telephone No. (Office): 0543312150 Postal Code 8819



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: KAROS  
Date signed: 20241127

Signature: [Handwritten 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: \_\_\_\_\_

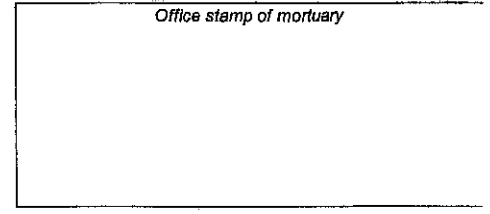
39. Business Address: Street \_\_\_\_\_ Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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): 8507310205089 41. Date of Birth: 19850731

42. Citizenship: SOUTH AFRICA

43. Surname: ESAU

44. Forenames: MARTIE

45. Residential Address: Street 63 SCHOOLS LANE Town GRUUTS LANE Province NORTH WEST CAPE Postal Code 8822

Telephone No. (Home): \_\_\_\_\_ Cellphone No. 0630334914

46. 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: M. GEAR

Date signed: 20241127

G.P.-S. 09/09

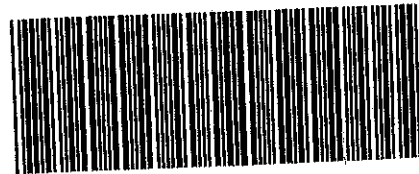


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I460531

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 UPINGTON EENDRACHT VERENIGING

48. DHA Designation No. DOT S-98 49. Company Reg. No. 13-8-804-1

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

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 6112020070089

52. Surname BIOTES

53. Forenames SHIRLEY MIRIAM

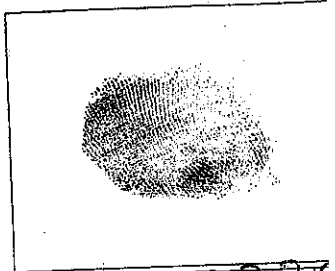
54. Business Address  
 Street 2 HOOD STREET  
 Town UPINGTON  
 Province NORTH WEST CAPE Postal Code 8807

Telephone No. (Office) 082 730 2334 Cellphone No. 082 730 2331

55. Date of collection of corpse 2024 11 25 56. Date of Cremation (if applicable) Y Y Y Y M M D D Province NCP

57. Place of Burial (City / Town / Village) GROOTENRINK

58. Date of Burial 2024 12 07 59. Grave No. (if available)



Place signed UPINGTON Signature Biotes

Date signed 2024 11 27

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 6112020070089

61. Surname BIOTES

62. Forenames SHIRLEY MIRIAM

Place signed UPINGTON Signature Biotes

63. Date signed 2024 11 27

**UPINGTON EENDRACHT VERENIGING**  
**BEGRAFNIS VERENIGING**  
 POSBUS 7109  
 ORANJEKRUIJN 8807  
 TEL/FAKS: (054) 339 3757  
 SEL: 083 416 0621  
 VAT/BTW NO. 4010114686

**F. FOR OFFICIAL USE ONLY**

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

64. Surname

65. Forenames

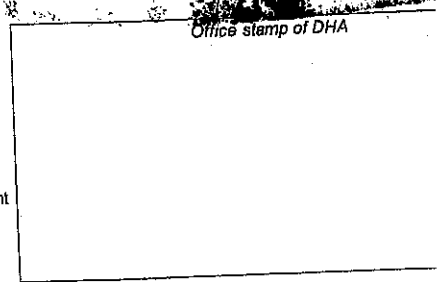
66. Persal No.

Documents included with this notice:

Copy of the deceased's ID  
 DHA - 6 (if applicable)  
 Informant

Copy of ID document of the informant  
 DHA - 1680 (if applicable)  
 Funeral Undertaker

DHA-1663 was submitted by:



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)



16631460531

OLD TO  
POINT

FOLD TO  
THIS POINT

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

ID No. (Passport No. if foreigner) 6411095226083 File no. \_\_\_\_\_ Date 27/11/24 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) 6411095226083

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname STAMBERG

70. Forenames MANA

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 DOA  72.4 Nursing Home  72.5 At home  72.6 Other (specify) \_\_\_\_\_

73. Name of Health Facility/Practice KATROS CLINIC

74. Facility Contact Telephone No. Incl. Area Code 054 3312160

75. Patient File No. \_\_\_\_\_

76. Contact Person at Facility: Surname SABIDO  
 Forenames MADRIS AGARRE KATE JACOB  
 Role/Rank PLMP REGIONAL 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) SHUNIBSS OF BREATH  
 Due to (or as a consequence of) \_\_\_\_\_

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

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) \_\_\_\_\_  
 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>Y Y Y Y M M D D</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>Y Y Y Y M M D D</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>Y Y Y Y M M D D</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]



AA4708966

[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 2024 11 27

Serial number of DHA-1663

Bar-code number of DHA-1663 16632460531

**A. PARTICULARS OF DECEASED**

Identity number 641109 5006 083 Date of birth 1964 11 09

Passport number (if foreigner) + Date of death 2024 11 25

Citizenship SAC Sex MALE

Surname STANDER

Previous or Maiden surname +

Forenames HANS

Place of death: City/Town GROOTDRINK Province MC

Place of burial: City/Town GROOTDRINK Province MC

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.

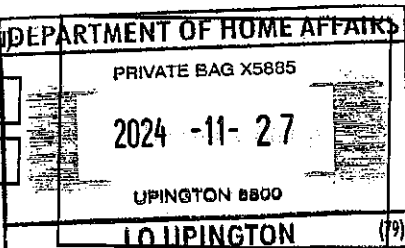
**C. FOR OFFICIAL USE ONLY**

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

Surname BOGATSU

Forenames ANANDA

Persal No. 22569979



Documents Included with this notice:  Copy of the deceased's ID/passport

Copy of ID document/passport of the informant

DHA-1663 was submitted by:  Informant

Funeral Undertaker

Identity Number of Recipient: Identity number 850731 0005 083

If Funeral Undertaker: Designation number

Signature of recipient M. Esau

Date received 2024 11 27

A 3345



C 1827288  
DEPARTMENT HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

83/BI - 5

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

ABRIDGED  
DEATH CERTIFICATE

IDENTITY NUMBER: 641109 5226 08 3  
SURNAME: STANDER  
FIRST NAMES: HANS  
DATE OF BIRTH: 1964-11-09  
GENDER: MALE  
MARITAL STATUS: NEVER MARRIED  
DATE OF DEATH: 2024-11-25  
PLACE OF DEATH: GROOTDRINK  
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2024-11-27

ISSUED BY: YDC533

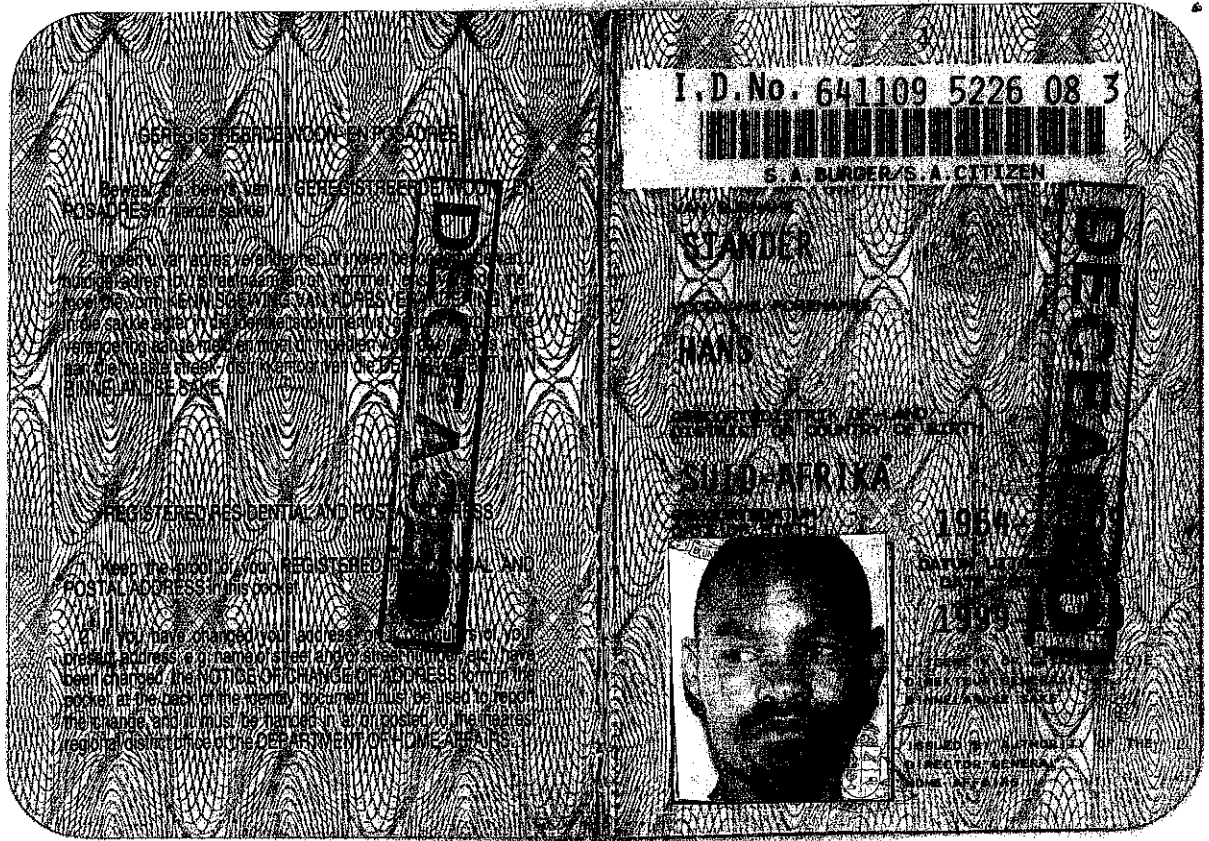
DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5885  
2024 -11- 27  
UPINGTON 8800  
LO UPINGTON (79)

*L. B. LO UPINGTON*  
DIRECTOR-GENERAL: HOME AFFAIRS

Government Printing Works (012 334 4500)

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I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.  
*Phemelo C. J. Phemelo*  
HANDTEKENING/SIGNATURE  
MAGSNOMMER 7018250 RANG SET  
FORCE NUMBER RANK  
NAAM IN DRUKSKRIF KETJEBOM Phemelo  
NAME IN PRINT

SUID-AFRIKAanse Republiek  
SOUTH AFRICAN REPUBLIC  
2024 -11- 29  
UPINGTON  
SOUTH AFRICAN REPUBLIC



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7018155-0  
SC7

*Phemelo K-J Phemelo*  
HANDTEKENING/SIGNATURE

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FORCE NUMBER RANK

NAAM IN DRUKSKRIF Phemelo Phemelo  
NAME IN PRINT


SUID-AFRIKAanse Republiek  
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UNION

2024-11-29


PHOTOCOPY  
STATIONERED COPY

SOUTH AFRICAN POLICE SERVICE

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



Sumama: **BENYANI**  
 Names: **BENYANI**  
 Sex: **F**  
 Nationality: **RSA**  
 Identity Number: **7711010427081**  
 Date of Birth: **01 NOV 1977**  
 Country of Birth: **RSA**  
 Status: **OFFICIAL**




Signature: *[Signature]*


Conditions: When used to be issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997. For enquiry or verification purposes contact 0800 60 77 20.

Date of issue: **15 MAY 2018**

**RSA**

107641493





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 OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE COPY (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR VERIFICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

*Phenico Thomas*  
 7018755-0  
 807

.....  
 HANDTEKENING/SIGNATURE

MAGSNOMMER *7018755-0* RANG *807*  
 FORCE NUMBER ..... RANK .....

NAAM IN DRUKSKRIF *Phenico Thomas*  
 NAME IN PRINT .....

SUID-AFRIKAanse Republiek  
 STADSREGERING  
 ORKES  
 2024-11-29  
 LINDSEY  
 STADSREGERING  
 ORKES

### 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.

Y Y Y Y / M M / D D

*M. Benji*

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@safrican.co.za](mailto:service@safrican.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.safrican.co.za](http://www.safrican.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@safrican.co.za](mailto:service@safrican.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.safrican.co.za](http://www.safrican.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@safrican.co.za](mailto:service@safrican.co.za)

Y Y Y Y / M M / D D

*M. Benji*

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

Y Y Y Y / M M / D D

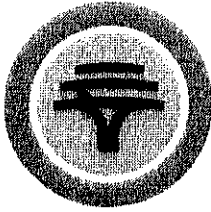
\_\_\_\_\_  
 Date

\_\_\_\_\_  
 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@safrican.co.za](mailto:services@safrican.co.za)  
 Group Claims for ARL Business is to be submitted to [groupclaims@safrican.co.za](mailto:groupclaims@safrican.co.za)  
 Group Claims for Safrican Business is submitted to [safclaims@safrican.co.za](mailto:safclaims@safrican.co.za)



29 NOV 2024  
Statements  
250-655

FNB Verified Statement  
29/11/2024

Reference Number: VODSWNCZJPXM

To Verify this statement, please keep the above reference number and the customer's ID number / Business Registration number on hand. Visit [www.fnb.co.za](http://www.fnb.co.za), select Contact us + Tools on the menu, followed by Verify Statement and follow the on screen instructions. The Reference number is valid for 3 months.

MS MINA BENYANI  
HUIS NO 126  
GARIEPPLAKKERS  
GROOTDRINK  
8822

Uppington  
Cnr Schroder & Hill Streets, Uppington  
P O BOX 1803  
Branch Code 230604  
(054) 332-1186/9  
(054) 332-6191

Statement Period : 20241030 - 20241129

Statement Date : 20241129

FNB ASPIRE CURRENT ACCOUNT: 62220208244

Date	Descriptions	Amount	Balance	Bank Charges
	<b>Opening Balance</b>		<b>218.07 Cr</b>	
30 Oct	Fnb App Transsave	200.00 Cr	418.07 Cr	
30 Oct	Send 27745575299	200.00 Dr	218.07 Cr	
30 Oct	Fnb App Transsav	400.00 Cr	618.07 Cr	
30 Oct	Hollywoodbets	200.00 Dr	418.07 Cr	2.70 Cr
30 Oct	Smart-Ap Prepairtime 07	29.00 Dr	389.07 Cr	1.50 Cr
30 Oct	Smart-Ap Prepairtime 07	17.00 Dr	372.07 Cr	1.50 Cr
31 Oct	Fnb App Transsav	6 000.00 Cr	6 372.07 Cr	
31 Oct	Atm Cash 00402007	4 000.00 Dr	2 372.07 Cr	26.00 Cr
31 Oct	Atm Cash 00402007	1 900.00 Dr	472.07 Cr	49.40 Cr
31 Oct	Fnb App Transsav	1 000.00 Cr	1 472.07 Cr	
31 Oct	Atm Cash 00402008	1 000.00 Dr	472.07 Cr	26.00 Cr
31 Oct	Fnb App Transsav	600.00 Cr	1 072.07 Cr	
31 Oct	Aankp S2s*Alex Tuck Shop 84127	165.00 Dr	907.07 Cr	
01 Nov	Sav	110.00 Dr	797.07 Cr	
01 Nov	Fnb App Transsav	100.00 Cr	897.07 Cr	
01 Nov	7711010427081	50.00 Dr	847.07 Cr	
01 Nov	Fnb App Transsav	300.00 Cr	1 147.07 Cr	
01 Nov	Electricity 07609313643	100.00 Dr	1 047.07 Cr	1.50 Cr
01 Nov	7711010427081	150.00 Dr	897.07 Cr	
01 Nov	Aankp S2s*Alex Tuck Shop 84127	47.00 Dr	850.07 Cr	
01 Nov	Aankp S2s*Alex Tuck Shop 84127	144.00 Dr	706.07 Cr	
01 Nov	Debicheck Dispute	69.99 Cr	776.06 Cr	
02 Nov	7711010427081	70.00 Dr	706.06 Cr	
02 Nov	7711010427081	150.00 Dr	556.06 Cr	
02 Nov	7711010427081	200.00 Dr	356.06 Cr	
02 Nov	Fnb App Transsav	100.00 Cr	456.06 Cr	
02 Nov	Fnb App Paymemina	200.00 Cr	656.06 Cr	
02 Nov	Hollywoodbets	150.00 Dr	506.06 Cr	2.70 Cr
04 Nov	Fnb App Transsav	14.00 Cr	520.06 Cr	
04 Nov	7711010427081	15.00 Dr	505.06 Cr	
04 Nov	Aankp S2s*John Tuck Shop G4127	51.00 Dr	454.06 Cr	
04 Nov	Aankp S2s*John Tuck Shop G4127	56.00 Dr	398.06 Cr	
04 Nov	Aankp Winners Wholesale An4127	286.00 Dr	112.06 Cr	
02 Nov	#Debit Order Dispute Fee	5.00 Dr	107.06 Cr	
06 Nov	#Fool Declined Purch Tran 412	8.00 Dr	99.06 Cr	
07 Nov	7711010427081	120.00 Dr	20.94 Dr	
07 Nov	Lottostar	100.00 Dr	120.94 Dr	2.70 Cr