

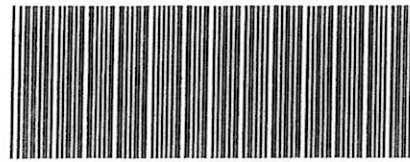


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294266

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)

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?  1.1 Death  1.2 Stillbirth

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

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 **20250910**

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

4.2 Province of Death/stillbirth **NORTHERN CAPE**

5. Place of Registration of Death / stillbirth **UPINGTON**

6. If death occurred within 24 hours after birth, number of hours alive  7. Home telephone no.

8. Identity No. (Passport No. if foreigner) **9403225364089** 9. Age at last birthday if DOB is unknown **31**

10. Date of Birth if there is no ID number **YYYYMMDD** 11. Gender  11.1 Male  11.2 Female  11.3 Indeterminable

12. Surname **TYWILI**

13. Previous / Maiden Surname

14. Forenames **MATHUNZI MAWONGA**

15. Usual\* Residential Address: Street **9 MIDDERNAGBLOY STREET**

Town **UPINGTON**

Province **NORTHERN CAPE** Postal code **8801**

16. Citizenship **SA CITIZEN**

16.1 Place of Birth (City / Town / Village) **UPINGTON** **SUID-AFRIKAANSE POLISIEDIENS**

16.2 Province of Birth **NORTHERN CAPE** **STASIEBEVELVOERDER UPINGTON**

17. Marital Status of the deceased  17.1 Single  17.2 Married  17.3 Widowed  17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed) **2025-09-10**

**UPINGTON** **STATION COMMANDER**

19. Usual occupation of deceased (type of work done during most of working life) **UNEMPLOYED** **SOUTH AFRICAN POLICE SERVICE**

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

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, motorcycles 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, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined
---	-------------------------	------------------	--------------------------------------	-----------------	---	---	---	--	--

21. Was the deceased a regular\*\* smoker five years ago? (mark with a ) **Yes**  21.1 Yes  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.

NAME IN PRINT **F. Spence**



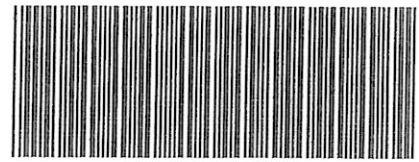


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**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

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. MP 0756954

24. Surname TERAN TROYA

25. Forenames JORGE LAZARO

26. Name of Health Facility / Practice DR. HARRY SURTIE HOSPITAL 27. Facility / Practice No. 56 00 278

28. Business Address: Street 26 DRIVE AVENUE AND TURNER STREET

Town UPINGTON Province N. CAPE

Telephone No. (Office) 054 332 9182 Postal Code 8801

Office stamp of health facility or practice

Dr. JLT. Troya  
MP 0756954  
Medical Officer TB Unit

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 Upington  
Date signed 2025 09 10

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 Y M M D D

32. Name of Medico-legal Mortuary

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station UPINGTON

36.1 HPCSA Registration No.

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

37. Surname

38. Forenames

39. Business Address: Street

Town

Province

Postal Code

Telephone No. (Office)

Office stamp of mortuary

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 in 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 Y M M D D

Signature

F. Sprinckel

**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) 7010140431003 41. Date of Birth 19701014

42. Citizenship SA CITIZEN

43. Surname MODISE

44. Forenames KOELIEMEID LIZINE

45. Residential Address: Street 9 MIDDERNAGBLOU STR

Town UPINGTON Province NORTHERNCAPE Postal Code 8801

Telephone No. (Home) Cellphone No. 061 420 0347

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



I left thumb print of informant

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

Date signed 2025 09 10

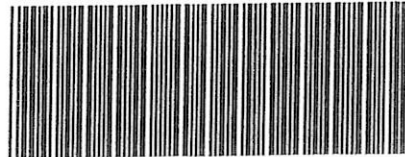


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294266

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**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 BATHO PELE HEI PENOE HANO BO

48. DHA Designation No. UPT012011 49. Company Reg. No. 20072108742

50. SARS Reg. No. (Income tax reference no.) 4560232193

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner) 6104105748085

52. Surname ADAMS

53. Forenames BEN MTUTUZELI

54. Business Address Street 43 OUPA CLAASEN STR  
Town UPINGTON  
Province NORTHERN CAPE Postal Code 8801

Telephone No. (Office) 0543393182 Cellphone No. 0722715088

55. Date of collection of corpse 20250910 56. Date of Cremation (if applicable) Y Y Y M M D D

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

58. Date of Burial 20250920 59. Grave No. (if available)



Place signed Upington

Date signed 20250910 Signature B. Adams

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

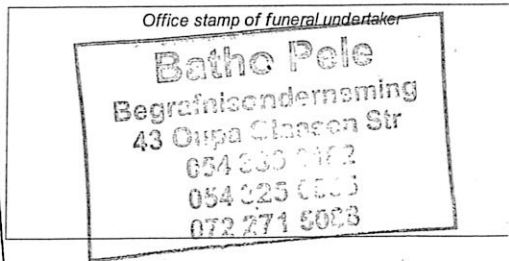
60. Identity No. (Passport No. if foreigner) 6104105748085

61. Surname ADAMS

62. Forenames BEN MTUTUZELI

Place signed Upington

63. Date signed 20250910 Signature B. Adams



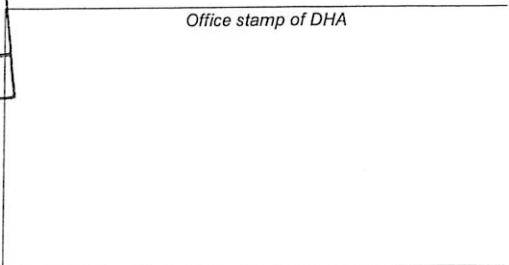
**F. FOR OFFICIAL USE ONLY**

Registration of death approved, DHA-1663 received by (particulars of DHA official): UPINGTON STATION COMMANDER SOUTH AFRICAN POLICE SERVICE

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)  Informant  Funeral Undertaker

DHA-1663 was submitted by:  Informant  Funeral Undertaker

EK SERTIFISEERDE DIE OORSPRONKELIKE WYSIGING OF VERANDERING VAN DIE OORSPRONKELIKE WYKOPING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH I HAVE BROUGHT TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT NO CHANGES, AMENDMENTS, AN AMENDMENT OR A CHANGE HAS NOT BEEN MADE TO THE ORIGINAL DOCUMENT.

[Signature]  
MAG. NO. 4180246-9 RANG SCU7  
NAAM IN DRUKKRIF F. Skirabek  
NAME IN PRINT

# 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)



1663J294266

FOLD TO THIS POINT

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

ID No. (Passport No. if foreigner) 9403225364089 File no 54900014 Date \_\_\_\_\_ 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) 9403225364089

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname MAWONGA TYWILI

70. Forenames MATHUMZI MAWONGA

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 DR. HARRY SORTIE HOSPITAL

74. Facility Contact Telephone No. incl. Area Code 543329182

75. Patient File No. 54900014

76. Contact Person at Facility: Surname TERAN TROYA  
Forenames JORGE LAZARO  
Role/Rank MEDICAL OFFICER

### 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) HEXON-TB Pulmonary Approximate interval between onset and death (Days / Months / Years) 1 1/2 years

Due to (or as a consequence of) \_\_\_\_\_

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

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) SUID-AFRIKAANSE POLISIEDIENS  
Due to (or as a consequence of) STASIE BEVELVOERDER UPINGTON

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

Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 RVD(+) 2025-09-10 Since 2003

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 on duty  
 79.5 Opinion of registered professional nurse  79.6 Interview of family member  79.4 Opinion of attending medical practitioner on duty (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 <u>18</u>	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"/> 87.2 Forceps delivery <input type="checkbox"/> 87.3 Forceps and rotation <input type="checkbox"/> 87.4 Vacuum extractor <input type="checkbox"/> 87.5 Caesarean section <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  
2025 -09- 1 0  
HRM  
BORDER POLICE  
SOUTH AFRICAN POLICE SERVICE

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

Annexure 16  
BURIAL ORDER

[Births and Deaths Registration Act 51 of 1992]



AA4711197

[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 09 10  
Serial number of DHA-1663: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Bar-code number of DHA-1663: 16635294266

A. PARTICULARS OF DECEASED

Identity number: 940322 5364 089 Date of birth: 1974 03 22  
Passport number (if foreigner): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date of death: 2025 09 10  
Citizenship: SAC Sex: MALE  
Surname: JUNIJI  
Previous or Maiden surname: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Forenames: MATHUNZI MANOMGA  
Place of death: UPINGTON Province: NC  
Place of burial: UPINGTON Province: NC  
Cause of death: Natural  Unnatural  Under investigation

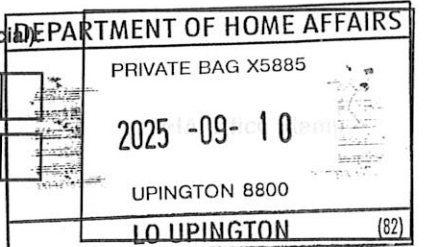
I certify that this document is a true reproduction / copy of the original which was examined by me and that from my observations the original has not been altered in any manner.

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: BOGATSHY  
Forenames: AMANOA  
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: 701014 0437 083  
Designation number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Signature of recipient: [Signature] Date received: 2025 09 10



SUID-AFRIKAANSE POLISIE  
GRENS POLISIE UPINGTON  
MHB  
2025-09-10  
HRM  
POLISIE-POLICE UPINGTON  
SOUTH AFRICAN POLICE



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9593517

83/DHA - 5

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

## ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 940322 5364 08 9

SURNAME: TYWILI

FIRST NAMES: MATHUNZI MAWONGA

DATE OF BIRTH: 1994-03-22

GENDER: MALE

MARITAL STATUS: NEVER MARRIED

DATE OF DEATH: 2025-09-10

PLACE OF DEATH: UPINGTON

CAUSE OF DEATH: NATURAL CAUSES

Ek verklaar dat hierdie dokument 'n ware en getroue afskrif is van die oorspronklike dokument, en dat ek verseker dat hierdie dokument 'n ware reproduksie is van die oorspronklike dokument. Dit is deur my persoonlik besigtig en dit verskaf my vertroue dat dit 'n ware reproduksie is van die oorspronklike dokument. Hierdie dokument is nie op enige wyse gewysig of veranderde nie.

*[Handwritten signature]*  
2025-09-10

DATE OF ISSUE: 2025-09-10

ISSUED BY: YDC533

*P.P. [Signature]*  
DIRECTOR-GENERAL: HOME AFFAIRS

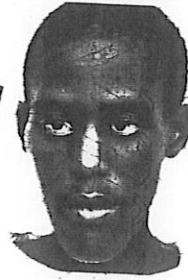
DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5885  
2025-09-10  
UPINGTON 8800  
LO UPINGTON (82)





REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:  
TYWILI  
Names:  
MATHUNZI MAWONGA  
Sex:  
M  
Nationality:  
RSA  
Identity Number:  
9403225364089  
Date of Birth:  
22 MAR 1994  
Country of Birth:  
RSA  
Status:  
CITIZEN



Signature

*m.m tywili*

DECEASED

WYSIGING OF VERANDEERING OF THE CONSTRUCTION OF THE AANGE-  
BRING IS NIE.

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.

*[Signature]*  
HANDTEKENING/SIGNATURE

MAGSNOMMER *480806-9* RANG *207*  
FORCE NUMBER..... RANK

NAAM IN DRUKSKRIF *F. SPRINCOR*  
NAME IN PRINT.....

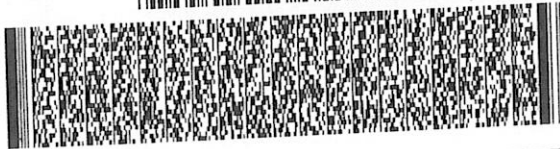
Conditions:

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 90

Date of Issue:  
18 MAR 2020

113855212




DECEASED

SUID-AFRIKAANSE POLISIEDIENS  
STASIEBEVELVOERDER  
UPINGTON


2025-09-10

UPINGTON  
STATION COMMANDER  
SOUTH AFRICAN POLICE SERVICE


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



Surname:  
**KOMAZI**  
 Names:  
**SUZAN KOELIEMEID NOMAKYLA**  
 Sex:  
**F**  
 Nationality:  
**RSA**  
 Identity Number:  
**6505310570082**  
 Date of Birth:  
**31 MAY 1965**  
 Country of Birth:  
**RSA**  
 Status:  
**CITIZEN**



Signature:  
*Suzan Komazi*



UIT-AFRIKAANSE POLISIEDIENS  
 GRENS POLISIE UPINGTON  
 MHB

2025 -09- 1 0

HRM  
 BORDER POLICE UPINGTON  
 SOUTH AFRICAN POLICE SERVICE

Ek sertifiseer dat hierdie dokument 'n ware afbeelding is van die oorspronklike wat deur my persoonlik besigtig is en dat dit die oorspronklike is en dat dit nie verander is nie.

I certify that this document is a true reproduction of a copy of the original which was examined by me and that from my observations my waarnemings die oorspronklike nie op enige wyse gewysig is nie the original has not been altered in any manner.

*Suzan Komazi*  
 27 Oct 2014

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:  
 27 OCT 2014

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

**RSA**

001044429



