
GENERAL NOTICE

NOTICE 116 OF 2014

DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT

INVITATION FOR PUBLIC COMMENTS

ON

THE PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 : AMENDMENT OF REGULATIONS ON EXHUMATION, REBURIAL OR SYMBOLIC BURIAL OF DECEASED VICTIMS

1. INVITATION

- 1.1 The Department of Justice and Constitutional Development invites interested parties to submit written comments on the proposed amendments to the Regulations which are attached hereto as Annexure A. The proposed amendments and a note, explaining the background of the proposed amendments, are also available on the website of the Department at the following address: <http://www.justice.gov.za>.
- 1.2 The comments on the proposed amendments to the Regulations must be submitted not later than **31 March 2014**, marked for the attention of **Ms I Botha** or **Ms F Bhayat**, and –
- (a) if they are forwarded by post, be addressed to -
The Director-General: Justice and Constitutional Development
Private Bag X81
Pretoria
0001
 - (b) if they are delivered by hand, be delivered at –
Salu Building, Room 23.23 or 23.09
315 Thabo Sehume Street
Pretoria
 - (c) if they are delivered by email, be emailed to inbotha@justice.gov.za or fbhayat@justice.gov.za
 - (d) if they are faxed, be faxed to **086 648 2289** or **086 754 8493**

- 1.3 For further information, please do not hesitate to contact Ms I Botha at 012 406 4756 or Ms F Bhayat at 012 406 4771.

2. BACKGROUND NOTE

The following background information is hereby furnished in order to assist interested parties to comment on the proposed amendments to the regulations.

- 2.1 On 26 June 2003 Parliament, in terms of section 27 of the Promotion of National Unity and Reconciliation Act, 1995 (Act No. 34 of 1995) (the Act), approved the decisions of the Joint Committee, which was established to consider the recommendations put forward by the Truth and Reconciliation Commission (the TRC), relating to the granting of reparations to victims. One of the categories of reparation approved, is medical benefits and other forms of social assistance. In terms of section 27 of the Act, the said decisions must be implemented by the President by making regulations.

- 2.2 The regulations on exhumation, reburial and symbolic burial of deceased victims were published in the *Gazette* on 07 May 2010 under the scope of the abovementioned category. The purpose of the Regulations is to assist the families of the approximately 500 persons who went missing and were reported to the TRC as being unaccounted for. The Regulations enable them to attend exhumation procedures, to obtain legal and financial assistance in respect of applications for orders presuming the death of missing persons and to receive financial assistance with the reburials of the remains of such persons when they are found through investigations by the Missing Persons Task Team (the MPTT), located within the National Prosecuting Authority.
- 2.3 The proposed amendments to the Regulations make provision for the following additional forms of assistance: Travel and subsistence allowances for the family members of a missing person or a deceased victim when they attend a cleansing ceremony and a hand-over ceremony and assistance to purchase an animal to be slaughtered for the purposes of a cleansing ceremony performed in respect of a deceased victim.
- The proposed amendments to the regulations also make provision for the following: an increase in the travelling and subsistence allowances for the family members of a deceased victim in order to attend an exhumation procedure, an obligation on the Department, in certain circumstances, to supply a coffin and other related funeral items and accessories not exceeding R12 000,00, for the purposes of a hand-over ceremony, an escalation clause so as to ensure that the amounts determined in terms of the Regulations remain adequate due to regular general price increases and consequential amendments which are to be effected to certain regulations in view of the new forms of assistance that are to be included in the Regulations.

ANNEXURE A
GOVERNMENT NOTICE

DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT

No. R.

2014

PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995

**AMENDMENT OF REGULATIONS ON EXHUMATION, REBURIAL OR
SYMBOLIC BURIAL OF DECEASED VICTIMS**

The President has, under section 27(2) of the Promotion of National Unity and Reconciliation Act, 1995 (Act No. 34 of 1995), made the Regulations in the Schedule.

SCHEDULE

Definitions

1. In this Schedule “the Regulations” means the regulations published by Government Notice No. R. 356 of 7 May 2010.

Amendment of regulation 1 of the Regulations

2. Regulation 1 of the Regulations is hereby amended by –

(a) the insertion of the following definition after the definition of “*Accounting Officer*”:

“*cleansing ceremony*’ means a ceremony during which the relatives of a deceased victim observe customary rituals to secure a safe passage for the deceased and to clean the relatives of the deceased victim from impurity or to remove bad luck from them;”;

(b) the insertion of the following definition after the definition of “*Fund Administrator*”:

“*hand-over ceremony*’ means the ceremony during which the Department hands over the remains of a deceased victim, which have been found during an exhumation procedure contemplated in regulation 3(2)(a), to the relatives of a deceased victim;” and

(c) the substitution for the definition of “*recipient*” of the following definition: “*recipient*’ means a person designated for purposes of regulations 4, 4A, 4B, 5, 5A, 5B and 6 of the Regulations by the requester, after consultation with the other relatives of the missing person or deceased victim;”.

Amendment of regulation 3 of the Regulations

3. Regulation 3 of the Regulations is hereby amended by -

(a) the substitution for paragraph (b) of subregulation (1) of the following paragraph:

“(b) A relative of a deceased victim may request the assistance as provided for in subregulation (2)(c), (d), and (e).”;

and

(b) the substitution for subregulation (2) of the following subregulation:

“(2) The assistance provided for in subregulation (1)

may -

(a) be in the form of the allowances as provided for in regulations 4 and 5 as a contribution towards the travel and subsistence expenses to be incurred in connection with the attendance of the exhumation procedures relating to a missing person;

(b) be in the form of legal or financial assistance for the purpose of an application to the High Court for an order presuming the death of a missing person as provided for in regulation 6;

(c) be a once-off grant of-

(i) R17 000,00 for each reburial as a contribution towards the expenses to be incurred in connection with the reburial of a deceased victim; or

- (ii) R8 500,00 for each symbolic burial as a contribution towards the expenses to be incurred in connection with the symbolic burial of a deceased victim.”.
- (d) be in the form of the allowances as provided for in regulations 4A and 5A as a contribution towards the travel and subsistence expenses to be incurred in connection with the attendance of a cleansing ceremony in respect of a deceased victim;
- (e) be in the form of a payment of an amount provided for in regulation 5E to purchase an animal to be slaughtered for the purposes of a cleansing ceremony in respect of a deceased victim; and
- (f) be in the form of the allowances as provided for in regulations 4B and 5B as a contribution towards the travel and subsistence expenses to be incurred in connection with the attendance of a hand-over ceremony.”.

Amendment of regulation 4 of the Regulations

4. Regulation 4 of the Regulations is hereby amended by the substitution for the expression “R3,00” in paragraph (a) of subregulation (2) of the expression “R3,88”.

Insertion of regulation 4A in the Regulations

5. The following regulation is hereby inserted after regulation 4 of the Regulations:

“Transport and travelling allowances in connection with cleansing ceremony

4A. (1) The requester and not more than three recipients may, at the expense of the Fund, make use of private or public transport provided for in subregulations (2), (3) and (4) in order to attend a cleansing ceremony in respect of a deceased victim.

(2) The requester and the recipients are each entitled to the following allowance:

- (a) In the case of private transport, R3,88 per kilometre calculated along the shortest route; or
- (b) in the case of public transport, an amount equal to the fare for the least expensive transport along the shortest route.

(3) Economy class air transport may be used by the requester and the recipients only if the Fund Administrator-

- (a) is satisfied that the use thereof is warranted; and
- (b) has in writing approved the use thereof prior to the journey.

(4) The requester and the recipients are each entitled to the allowance, as provided for in subregulations (2) and (3), when required to travel from one place to another if the cleansing ceremony is conducted at different places.

(5) On submission of satisfactory proof, the requester and the recipients are each entitled to be reimbursed for any

reasonable actual expenses incurred in respect of parking and toll fees.”.

Insertion of regulation 4B in the Regulations

6. The following regulation is hereby inserted after regulation 4A of the Regulations:

“Transport and travelling allowances in connection with hand-over ceremony

4B. (1) The requester and not more than nine recipients may, at the expense of the Fund, make use of private or public transport provided for in subregulations (2), (3) and (4) in order to attend a hand-over ceremony.

(2) The requester and the recipients are each entitled to the following allowance:

(a) In the case of private transport, R3,88 per kilometre calculated along the shortest route; or

(b) in the case of public transport, an amount equal to the fare for the least expensive transport along the shortest route.

(3) Economy class air transport may be used by the requester and the recipients only if the Fund Administrator-

(a) is satisfied that the use thereof is warranted; and

(b) has in writing approved the use thereof prior to the journey.

(4) On submission of satisfactory proof, the requester and the recipient are entitled to be reimbursed for any reasonable actual expenses incurred in respect of parking and toll fees.”.

Amendment of regulation 5 of the Regulations

7. Regulation 5 of the Regulations is hereby amended by –

(a) the substitution for the expression “R800,00” in paragraph (a) of subregulation (1) of the expression “R1400,00”;

(b) the substitution for the expression “R250,00” in paragraph (b) of subregulation (1) of the expression “R320,00”; and

(c) the substitution for the expression “R60,00” in paragraph (c) of subregulation (1) of the expression “R100,00”.

Insertion of regulation 5A in the Regulations

8. The following regulation is hereby inserted after regulation 5 of the Regulations:

“Subsistence allowances in connection with cleansing ceremony

5A. (1) The requester and not more than three recipients are, for the purposes of attending a cleansing ceremony in respect of a deceased victim, each entitled to the following subsistence allowance:

(a) A maximum amount of R1400,00 for each period of 24 hours of absence from his or her residence if it is, in the opinion of the Fund Administrator, necessary to hire accommodation, subject to a total maximum of 48 hours of absence; or

(b) a maximum amount of R320,00 for each period of 24 hours of absence from his or her residence if it is not necessary to hire

- accommodation, subject to a total maximum of 48 hours of absence; and
- (c) R100,00 for incidental expenditure for each period of 24 hours, or part thereof, of absence from his or her residence if the Fund Administrator is satisfied that the expenditure was necessary and reasonable.
- (2) The allowances provided for in subregulations (1)(a) and (b) must be utilised for accommodation, all meals and refreshments.”.

Insertion of regulation 5B in the Regulations

9. The following regulation is hereby inserted after regulation 5A of the Regulations:

“Subsistence allowances in connection with hand-over ceremony

5B. (1) The requester and not more than nine recipients are, for the purposes of attending a hand-over ceremony, each entitled to the following subsistence allowance:

- (a) A maximum amount of R1400,00 for each period of 24 hours of absence from his or her residence if it is, in the opinion of the Fund Administrator, necessary to hire accommodation, subject to a total maximum of 48 hours of absence; or
- (b) a maximum amount of R320,00 for each period of 24 hours of absence from his or her residence if it is not necessary to hire accommodation, subject to a total maximum of 48 hours of absence; and
- (c) R100,00 for incidental expenditure for each period of 24 hours, or part thereof, of absence from his or her residence if the Fund Administrator is satisfied that the expenditure was necessary and reasonable.

(2) The allowances provided for in subregulations (1)(a) and (b) must be utilised for accommodation, all meals and refreshments.”.

Insertion of regulation 5C in the Regulations

10. The following regulation is hereby inserted after regulation 5B of the Regulations:

“Provision of coffin and funeral items and accessories

5C. (1) Subject to subregulation (2), the Department must, provide a coffin and funeral items and accessories, not exceeding the amount of R12 000,00 for the purposes of a hand-over ceremony.

- (2) The Department is not obliged to provide a coffin—
- (a) if the relatives of a deceased victim have provided a coffin;
- (b) if a coffin has been donated by any person or institution; or
- (c) subject to subregulation (3), if-
- (i) burial support is available in respect of a deceased victim in terms of section 5 of the Military Veterans Act, 2011 (Act No. 18 of 2011); or
- (ii) funeral benefits are payable in respect of a deceased victim in terms of section 6F of the Special Pensions Act, 1996 (Act No. 69 of 1996).

(3) The Department may, notwithstanding the availability of burial support or the entitlement to funeral benefits referred to in subregulation (2)(c), provide a coffin for the purposes of a hand-over ceremony, if it appears to the Fund Administrator that the relatives of the deceased victim are unable, for whatever reason, to provide a coffin timeously for the purposes of the ceremony.

(4) The Department must liaise with the relatives of a deceased victim on the coffin to be provided.”.

Insertion of regulation 5D in the Regulations

11. The following regulation is hereby inserted after regulation 5C of the Regulations:

“Escalation of Amounts

5D. (1) The amounts referred to in these Regulations must be increased automatically with 5% on 1 January 2015 and thereafter on the first day of January of every consecutive year.

(2) The accounting officer must, by not later than 31 January of each year, in writing confirm the new amounts, which amounts must be made available on the website of the Department.”.

Insertion of regulation 5E in the Regulations

12. The following regulation is hereby inserted after regulation 5D of the Regulations:

“Other assistance in connection with cleansing ceremony

5E. A maximum amount of R1 500,00 may be paid from the Fund to a requester to purchase an animal to be slaughtered for the purposes of a cleansing ceremony performed in respect of a deceased victim.”.

Amendment of regulation 7 of the Regulations

13. Regulation 7 of the Regulations is hereby amended by the substitution for paragraph (h) of subregulation (4) of the following paragraph:

“(h) by a document confirming the death and date of death of the deceased victim, if assistance as provided for in regulation 3(2)(c), (d) and (e) is requested; and”.

Amendment of regulation 8 of the Regulations

14. Regulation 8 of the Regulations is hereby amended by the substitution for subparagraph (iii) of paragraph (b) of subregulation (1) of the following subparagraph:

- “(iii) the assistance is requested—
- (aa) in connection with an exhumation of a missing person as provided for in regulation 3(2)(a);
 - (bb) for the purpose of an application as provided for in regulation 3(2)(b);
 - (cc) for a reburial or symbolic burial of a deceased victim as provided for in regulation 3(2)(c);
 - (dd) in connection with a cleansing ceremony in respect of a deceased victim as provided for in regulation 3(2)(d); or

(ee) in connection with a handover ceremony as provided for in regulation 3(2)(e); and”.

Amendment of regulation 10

15. Regulation 10 of the Regulations is hereby amended by the substitution for paragraph (c) of subregulation (1) of the following paragraph:

“(c) in the case of assistance as provided for in regulation 3(2)(a), (c), (d), (e) or (f) to the requester or the recipient or a person appointed in writing by the requester or recipient, in which case proof of identify of the person appointed is required; and”.

Substitution of regulation 14

16. The following regulation is hereby substituted for regulation 14:

“Application of Regulations

14. These Regulations are applicable in respect of an exhumation, a cleansing ceremony, a handing over ceremony, reburial or symbolic reburial conducted in South Africa.”

Substitution of Annexure

17. The Annexure to the Regulations is hereby substituted by the following Annexure:

“ANNEXURE**REQUEST FOR ASSISTANCE IN RESPECT OF EXHUMATION, REBURIAL OR
SYMBOLIC BURIAL OF DECEASED VICTIMS
PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 (ACT 34 OF
1995)****[Regulation 7]****Note:**

1. The information and documents requested in this form are required in order to provide assistance to relatives of missing persons and deceased victims in respect of—
 - (a) the exhumation of the remains of missing persons;
 - (b) applications for orders for presuming the death of missing persons;
 - (c) the reburial or symbolic burial of deceased victims;
 - (d) the attendance and performance of a cleansing ceremony in respect of a deceased victim; and
 - (e) the attendance of a hand-over ceremony.
2. Use this form to request assistance as indicated in note 1 above.
3. Only a relative designated by the other relatives of the missing person or deceased victim may request assistance by completing this form.
4. You are a relative of a missing person or deceased victim if you are —
 - (a) a parent of, or somebody who exercised parental control over, the missing person or deceased victim;
 - (b) a person who was married to the missing person or deceased victim under any tradition or a system of religious, personal or family law;
 - (c) a child of the missing person or deceased victim, irrespective of whether or not you were born in or out of wedlock or were legally adopted;
 - (d) a person to whom the missing person or deceased victim had a duty of support in terms of the common law, customary law or legislation; or
 - (e) a person who was a blood relation of the missing person or deceased victim.
5. The person who requests assistance and not more than 3 other relatives of a missing person or deceased victim may receive assistance in respect of a cleansing ceremony and to attend an exhumation procedure and 10 other relatives in the case of a hand-over ceremony. . Paragraph "c" of Parts II A, E and F should be completed in respect of each relative.
6. Particulars about the assistance are contained in regulations 4, 4A, 4B, 5, 5A, 5B, 5C, 5E and 6 of the Regulations on Exhumation, Reburial or Symbolic Burial of Deceased Victims. A copy thereof is obtainable from the Office of the Fund Administrator at the Department of Justice and Constitutional Development.
7. The banking details of the person who is to receive money in terms of the Regulations, must be confirmed by the bank by affixing the official stamp of the bank on the form.

FORM OF ASSISTANCE REQUESTED (Please indicate with "x")

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Travel and subsistence allowances for the purpose of attending the exhumation procedures relating to a missing person. Please complete Parts I, II A, III and IV. |
| <input type="checkbox"/> | Legal or financial assistance for the purpose of an application for an order presuming the death of a missing person. Please complete Parts I and II B. |
| <input type="checkbox"/> | Once-off grant for a reburial of a deceased victim. Please complete Part I, II C, III and IV. |
| <input type="checkbox"/> | Once-off grant for a symbolic burial of a deceased victim. Please complete Parts I, II D, III and IV. |
| <input type="checkbox"/> | Travel and subsistence allowances for the purpose of attending a cleansing ceremony in respect of a deceased victim. Please complete Parts I, II E, III and IV. |

- Assistance to purchase an animal to be slaughtered for the purposes of a cleansing ceremony in respect of a deceased victim. Please complete Parts I, II F, III and IV.
- Travel and subsistence allowances for the purpose of attending a hand-over ceremony of a deceased victim. Please complete Parts I, II G, III and IV.

PART I

PERSONAL PARTICULARS OF PERSON WHO REQUESTS ASSISTANCE AND PERSON WHO COUNTERSIGNS THIS FORM

| A | PARTICULARS OF PERSON WHO REQUESTS ASSISTANCE | | |
|--|---|--|-----------|
| 1. Title:(<i>Mr, Miss, Mrs, Dr</i>) | | | |
| 2. Surname: | | | |
| 3. First Names: | | | |
| 4. ID number/date of birth if ID number is not available:(<i>Please attach a copy of your identity document/birth certificate</i>) | | | |
| 6. Are you a relative of the missing person or deceased victim?(<i>Mark with "x"</i>) | Yes | | No |
| 7.Relation to missing person or deceased victim: | | | |
| 8. Contact details: | (a) * Home address/Home address of other person (<i>if applicable</i>): (<i>State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..</i>) | | |
| | | | |
| | (b) * Postal address/ Postal address of other person (<i>if applicable</i>): | | |
| | | | |
| | (c) Numbers where you can be contacted: | | |

| | | | | | | |
|--|-----------|--|-----------|--|----------|--|
| | Home: | | Work: | | Cell no: | |
| | (d) Other | | | | | |
| | E-mail | | Facsimile | | | |

| | | | | | | |
|--|---|--|-----------|--|----------|--|
| B | PARTICULARS OF PERSON WHO COUNTERSIGNS THIS FORM | | | | | |
| | <i>(The person countersigning this form may only do so if he or she is another relative of the missing person or deceased victim who is over the age of 21 years; or a person over the age of 21 years who knows the requester, if another relative is not available.</i> | | | | | |
| 1. Title: (Mr, Miss, Mrs, Dr) | | | | | | |
| 2. Surname: | | | | | | |
| 3. First Names: | | | | | | |
| 4. ID number/date of birth if ID number is not available: (Please attach a copy of your identity document/birth certificate) | | | | | | |
| 6. Are you a relative of the missing person or deceased victim? (Mark with "x") | Yes | | No | | | |
| 7. Relation to missing person or deceased victim: | | | | | | |
| 8. Contact details: | (a) Numbers where you can be contacted: | | | | | |
| | Home: | | Work: | | Cell no: | |
| | (b) Other | | | | | |
| | E-mail | | Facsimile | | | |

PART II
ASSISTANCE REQUESTED

| | | | | | | |
|--|---|--|--|--|--|--|
| A | EXHUMATION | | | | | |
| a. | PARTICULARS OF MISSING PERSON TO BE EXHUMED | | | | | |
| 1. Surname of person to be exhumed: | | | | | | |
| 2. Full names of person to be exhumed: | | | | | | |
| 3. ID number/date of birth if ID number not available of person to be exhumed: (Please attach a copy of his/her identity document/birth certificate) | | | | | | |
| 4. Date of exhumation: | | | | | | |
| 5. Place of exhumation: | | | | | | |
| b. | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR PERSON REQUESTING ASSISTANCE | | | | | |

| | | | | | |
|--|--|--|-----------------------|---------------------------------|-------------------|
| 1. Full names of person requesting travel and subsistence allowance: | | | | | |
| 2. Means of travel: (mark with "x") | | Air transport | | Public transport (e.g taxi/bus) | Private transport |
| 3. Date of travel: | | | | | |
| 4. Time of travel: | | | | | |
| 5. Travelling from: | | | | | |
| 6. Travelling to: | | | | | |
| 7. Total distance to be travelled: | | | | | |
| 8. Subsistence allowance required for how many nights? | | | | | |
| 9. Please give reasons why accommodation is to be hired for the nights referred to in 8 above: | | | | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>(Bank in question must affix its stamp here to confirm the banking details of the centre)</p> </div> | | 10. Banking details of person in whose bank account the allowance is to be paid, if granted: | | | |
| | | (a) Name of Account holder: | | | |
| | | (b) Id number of account holder: (Please attach copy of identity document) | | | |
| | | (c) Name of bank: | | | |
| | | (d) Branch code: | | | |
| | | (e) Type of account (e.g. cheque, savings etc): | | | |
| | | (f) Account number: | | | |
| c. | | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR RECIPIENTS: | | | |
| | | (A recipient is a relative of a missing person or deceased victim who has been designated by other relatives of the missing person or deceased victim) | | | |
| 1. | | Title: (Mr, Miss, Mrs, Dr) | | | |
| | | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 | |
| 2. | | Surname: | | | |
| | | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 | |
| 3. | | Full names | | | |

| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
|-----------------|--|-----------------|--|-----------------|--|
| | | | | | |
| 4. | ID number/date of birth if ID number not available: <i>(Please attach a copy of your identity document/birth certificate):</i> | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 5. | Contact details: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| Home tel no.: | | Home tel no.: | | Home tel no.: | |
| Work tel no.: | | Work tel no.: | | Work tel no.: | |
| Cell no.: | | Cell no.: | | Cell no.: | |
| E-mail address: | | E-mail address: | | E-mail address: | |
| Facsimile: | | Facsimile: | | Facsimile: | |
| 6. | Date of travel: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 7. | Time of travel: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 8. | Means of travel (e.g air transport/public transport/private transport): | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 9. | Travelling from: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 10. | Travelling to: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 11. | Total distance to be travelled: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 12. | Subsistence allowance required for how many nights? | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 13. | Please give reasons why accommodation is to be hired for the nights referred to in 12 above: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |

| 14. | | Banking details: | | | |
|--|--|--|--|--|--|
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| Name of Account holder: | | Name of Account holder: | | Name of Account holder: | |
| Id number of account holder: <i>(Please attach copy of identity document)</i> | | Id number of account holder: <i>(Please attach copy of identity document)</i> | | Id number of account holder: <i>(Please attach copy of identity document)</i> | |
| Name of bank: | | Name of bank: | | Name of bank: | |
| Branch code: | | Branch code: | | Branch code: | |
| Type of account <i>(e.g. cheque, savings etc):</i> | | Type of account <i>(e.g. cheque, savings etc):</i> | | Type of account <i>(e.g. cheque, savings etc):</i> | |
| Account number: | | Account number: | | Account number: | |
| Bank in question must affix its stamp here to confirm the banking details of the centre: | | Bank in question must affix its stamp here to confirm the banking details of the centre: | | Bank in question must affix its stamp here to confirm the banking details of the centre: | |
| | | | | | |

| B | | LEGAL OR FINANCIAL ASSISTANCE FOR THE PURPOSE OF AN APPLICATION FOR AN ORDER PRESUMING THE DEATH OF A MISSING PERSON | |
|---|--|--|--|
| PARTICULARS OF PERSON WHO WAS REPORTED TO THE TRUTH AND RECONCILIATION COMMISSION AS DISAPPEARING AND MISSING AND WHO IS BELIEVED TO HAVE DISAPPEARED OR WHO WENT MISSING DURING THE PERIOD 1 MARCH 1960 AND 10 MAY 1994 AS A RESULT OF THE CONFLICTS OF THE PAST. | | | |
| 1. Division of High Court in which it is intended to bring an application for an order presuming the death of the person reported missing | | | |
| 2. Surname of missing person: | | | |
| 3. Full names of missing person: | | | |
| 4. ID number/date of birth if ID number is not available of missing person: <i>(Please attach copy of identity document)</i> | | | |
| 5. Date/approximate date person went missing: | | | |

| | |
|--|---|
| 6. Place where person went missing/is believed to have gone missing (<i>if known:</i>) | |
| 7. State the circumstances under which the person went missing: | |
| 8. Give reasons why it is believed that the person went missing as a result of the conflicts of the past: | |
| 9. Banking details of person in whose bank account the financial assistance is to be paid, if granted: (<i>If financial assistance in respect of the application is provided, it shall be paid directly into the bank account of the person, who rendered the legal assistance:</i>) <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> (Bank in question must affix its stamp here to confirm the banking details of the centre) </div> | (a) Name of Account holder: |
| | (b) Id number of account holder: (<i>Please attach copy of identity document</i>) |
| | (c) Name of bank: |
| | (d) Branch code: |
| | (e) Type of account (<i>e.g. cheque, savings etc</i>): |
| | (f) Account number: |

| C | ONCE-OFF GRANT FOR THE REBURIAL OF A DECEASED VICTIM |
|--|---|
| 1. Surname of deceased victim to be reburied: | |
| 2. Full names of deceased victim to be reburied: | |
| 3. ID number/date of birth if ID number is not available of deceased victim: (<i>Please attach copy of identity document/birth certificate</i>) | |
| 4. Date on which deceased victim is to be/was re-buried: | |
| 5. Banking details of person in whose bank account the once off grant is to be paid, if granted: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> (Bank in question must affix its stamp here to confirm the banking details of the centre) </div> | (a) Name of Account holder: |
| | (b) Id number of account holder: (<i>Please attach copy of identity document</i>) |
| | (c) Name of bank: |
| | (d) Branch code: |

| | |
|--|---|
| | (e) Type of account (e.g. cheque, savings etc): |
| | |
| | (f) Account number: |
| | |

| D ONCE-OFF GRANT FOR THE SYMBOLIC BURIAL OF A DECEASED VICTIM | |
|---|---|
| 1. Surname of deceased victim to be symbolically buried: | |
| 2. Full names of deceased victim to be symbolically buried: | |
| 3. ID number/date of birth if ID number is not available of deceased victim: <i>(Please attach copy of identity document/birth certificate)</i> | |
| 4. Date on which deceased victim is to be/was symbolically buried: | |
| 4. Banking details of person in whose bank account the once off grant is to be paid, if granted: | (a) Name of Account holder: |
| | |
| | (b) Id number of account holder: <i>(Please attach copy of identity document)</i> |
| | |
| | (c) Name of bank: |
| | |
| | (d) Branch code: |
| | |
| | (e) Type of account (e.g. cheque, savings etc): |
| | |
| | (f) Account number: |
| | |

(Bank in question must affix its stamp here to confirm the banking details of the centre)

| E TRAVEL AND SUBSISTENCE ALLOWANCES FOR THE PURPOSE OF ATTENDING A CLEANSING CEREMONY IN RESPECT OF A DECEASED VICTIM | |
|--|---------------------------------------|
| a. | PARTICULARS OF DECEASED VICTIM |
| 1. Surname of deceased victim in respect of which ceremony is to be conducted: | |
| 2. Full names of deceased victim in respect of which ceremony is to be conducted: | |
| 3. ID number/date of birth if ID number is not | |

| | | | | |
|---|--|---|---------------------------------|-------------------|
| available of deceased victim: <i>(Please attach copy of identity document/birth certificate)</i> | | | | |
| 4. Date of cleansing ceremony: | | | | |
| 5. Place of cleansing ceremony: | | | | |
| b. | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR PERSON REQUESTING ASSISTANCE FOR ATTENDING A CLEANSING CEREMONY IN RESPECT OF A DECEASED VICTIM | | | |
| 1. Full names of person requesting travel and subsistence allowance: | | | | |
| 2. Means of travel: <i>(mark with "x"):</i> | | Air transport | Public transport (e.g taxi/bus) | Private transport |
| 3. Place of killing of deceased victim: | | | | |
| 4. Place of burial of deceased victim: | | | | |
| 5. Date of travel: | | | | |
| 6. Time of travel: | | | | |
| 7. Travelling from: | | | | |
| 8. Travelling to: | | | | |
| 9. Total distance to be travelled: | | | | |
| 10. Subsistence allowance required for how many nights? | | | | |
| 11. Please give reasons why accommodation is to be hired for the nights referred to in 10 above: | | | | |
| 12. Banking details of person in whose bank account the allowance is to be paid, if granted: | | (a) Name of Account holder: | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><i>(Bank in question must affix its stamp here to confirm the banking details of the centre)</i></p> </div> | | (b).Id number of account holder: <i>(Please attach copy of identity document)</i> | | |
| | | (c) Name of bank: | | |
| | | (d).Branch code: | | |
| | | (e) Type of account (e.g. cheque, savings etc): | | |
| | | (f) Account number: | | |
| | | | | |
| c. | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR RECIPIENTS REQUESTING ASSISTANCE <i>(A recipient is a relative of a deceased victim who has been designated by other relatives of the deceased victim)</i> | | | |
| 1. | Title: (Mr, Miss, Mrs, Dr) | | | |

| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
|-----------------|---|-----------------|----------------|
| | | | |
| 2. | Surname: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 3. | Full names | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 4. | ID number or date of birth if ID number not available: <i>(Please attach a copy of your identity document/birth certificate):</i> | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 5. | Contact details: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| Home tel no.: | | Home tel no.: | |
| Work tel no.: | | Work tel no.: | |
| Cell no.: | | Cell no.: | |
| E-mail address: | | E-mail address: | |
| Facsimile: | | Facsimile: | |
| 6. | Date of travel: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 7. | Time of travel: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 8. | Means of travel (e.g air transport/public transport/private transport): | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 9. | Travelling from: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 10. | Travelling to: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 11. | Total distance to be travelled: | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |
| 12. | Subsistence allowance required for how many nights? | | |
| | Recipient nr 1 | Recipient nr 2 | Recipient nr 3 |
| | | | |

| | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| 13. | Please give reasons why accommodation is to be hired for the nights referred to in 12 above: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| | | | | | |
| 14. | Banking details: | | | | |
| Recipient nr 1 | | Recipient nr 2 | | Recipient nr 3 | |
| Name of Account holder: | | Name of Account holder: | | Name of Account holder: | |
| Id number of account holder: <i>(Please attach copy of identity document)</i> | | Id number of account holder: <i>(Please attach copy of identity document)</i> | | Id number of account holder: <i>(Please attach copy of identity document)</i> | |
| Name of bank: | | Name of bank: | | Name of bank: | |
| Branch code: | | Branch code: | | Branch code: | |
| Type of account <i>(e.g. cheque, savings etc):</i> | | Type of account <i>(e.g. cheque, savings etc):</i> | | Type of account <i>(e.g. cheque, savings etc):</i> | |
| Account number: | | Account number: | | Account number: | |
| Bank in question must affix its stamp here to confirm the banking details of the centre: | | Bank in question must affix its stamp here to confirm the banking details of the centre: | | Bank in question must affix its stamp here to confirm the banking details of the centre: | |
| | | | | | |

| | | |
|--|--|--|
| F | ASSISTANCE TO PURCHASE ANIMAL FOR THE PURPOSE OF A CLEANSING CEREMONY IN RESPECT OF A DECEASED VICTIM | |
| 1. Surname of deceased victim in respect of whom cleansing ceremony is to be/was performed: | | |
| 2. Full names of deceased victim in respect of whom cleansing ceremony is to be/was performed: | | |
| 3. ID number/date of birth if ID number is not available of | | |

| | |
|---|---|
| deceased victim in respect of whom cleansing ceremony is to be/was performed: <i>(Please attach copy of identity document/birth certificate)</i> | |
| 4. Date on which cleansing ceremony in respect of the deceased victim is to be/was performed: | |
| 4. Banking details of person in whose bank account the money to purchase the animal is to be paid, if granted: | (a) Name of Account holder: |
| | |
| | (b) Id number of account holder: <i>(Please attach copy of identity document)</i> |
| | |
| | (c) Name of bank: |
| | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><i>(Bank in question must affix its stamp here to confirm the banking details of the centre)</i></p> </div> | (d) Branch code: |
| | |
| | (e) Type of account <i>(e.g. cheque, savings etc):</i> |
| | |
| | (f) Account number: |
| | |

| | | | | |
|---|--|---|-------------------|--|
| G | TRAVEL AND SUBSISTENCE ALLOWANCES FOR THE PURPOSE OF ATTENDING A HAND-OVER CEREMONY | | | |
| a. | PARTICULARS OF DECEASED VICTIM | | | |
| 1. Surname of deceased victim: | | | | |
| 2. Full names of deceased victim: | | | | |
| 3. ID number/date of birth if ID number is not available of deceased victim: <i>(Please attach copy of identity document/birth certificate)</i> | | | | |
| 4. Date of hand-over: | | | | |
| 5. Place of hand-over: | | | | |
| b. | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR PERSON REQUESTING ASSISTANCE FOR ATTENDING A HAND-OVER CEREMONY IN RESPECT OF A DECEASED VICTIM | | | |
| 1. Full names of person requesting travel and subsistence allowance: | | | | |
| 2. Means of travel (mark with "x"): | Air transport | Public transport <i>(e.g taxi/bus)</i> | Private transport | |
| 2. Date of travel: | | | | |
| 3. Time of travel: | | | | |

| | | | | | |
|---|--|---|--|--------------|--|
| 4. Travelling from: | | | | | |
| 5. Travelling to: | | | | | |
| 6. Total distance to be travelled: | | | | | |
| 7. Subsistence allowance required for how many nights? | | | | | |
| 8. Please give reasons why accommodation is to be hired for the nights referred to in 7 above: | | | | | |
| 9. Banking details of person in whose bank account the allowance is to be paid, if granted: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p><i>(Bank in question must affix its stamp here to confirm the banking details of the centre)</i></p> </div> | | (a) Name of Account holder: | | | |
| | | | | | |
| | | (b) Id number of account holder: <i>(Please attach copy of identity document)</i> | | | |
| | | | | | |
| | | (c) Name of bank: | | | |
| | | | | | |
| | | (d) Branch code: | | | |
| | | | | | |
| | | (e) Type of account <i>(e.g. cheque, savings etc):</i> | | | |
| | | | | | |
| | | (f) Account number: | | | |
| | | | | | |
| c. | TRANSPORT AND SUBSISTENCE ALLOWANCE FOR RECIPIENTS REQUESTING ASSISTANCE <i>(A recipient is a relative of a missing person or deceased victim who has been designated by other relatives of the missing person or deceased victim. Ten (10) recipients may attend a hand-over ceremony. Please complete this section in respect of each recipient who will attend the hand-over ceremony.)</i> | | | | |
| 1. Title: <i>(Mr, Miss, Mrs, Dr)</i> | | | | | |
| 2. Surname | | | | | |
| 3. Full names: | | | | | |
| 4. ID number/date of birth if ID number is not available: <i>(Please attach a copy of your identity document/birth certificate)</i> | | | | | |
| 6. Contact details: | | Home tel no: | | Work tel no: | |
| | | E-mail: | | Facsimile: | |
| 7. Date of travel: | | | | | |
| 8. Time of travel: | | | | | |
| 9. Travelling from: | | | | | |
| 10. Travelling to: | | | | | |
| 11. Total distance to be travelled: | | | | | |
| 11. Subsistence allowance required for how many nights? | | | | | |
| 12. Please give reasons why accommodation | | | | | |

| | |
|---|---|
| is to be hired for the nights referred to in 6 above: | |
| <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>(Bank in question must affix its stamp here to confirm the banking details of the centre)</p> </div> | (a) Name of Account holder: |
| | |
| | (b) Id number of account holder: <i>(Please attach copy of identity document)</i> |
| | |
| | (c) Name of bank: |
| | |
| | (d) Branch code: |
| | |
| (e) Type of account <i>(e.g. cheque, savings etc):</i> | |
| | |
| (f) Account number: | |
| | |

PART III

OATH/AFFIRMATION AND SIGNATURE OF THE PERSON REQUESTING ASSISTANCE

I,(full names),
 identity number:, being the requester, acknowledge that I—

- (a) have consulted with the other relatives of the * missing person/deceased victim; and
- (b) have been designated by the other relatives of the *missing person/deceased victim to be the requester.

Signed at..... on thisday of 20.....

 REQUESTER

The requester has *taken the oath/solemnly affirmed that the contents of the declaration are complete and true, before me at..... on thisday of.....20.....

 COMMISSIONER OF OATHS

(* Delete whichever is not applicable.)

PART IV
OATH/AFFIRMATION AND SIGNATURE OF THE PERSON COUNTERSIGNING THE
REQUEST FORM

I,(full names),
 identity number:, being the person who is countersigning
 this request form, acknowledge that I—

- (a) *am a relative of the *missing person/deceased victim and I am over the age of 21
 years;
- (b) a person over the age of 21 years who knows the requester.

Signed at..... on thisday of 20.....

 PERSON COUNTERSIGNING THE REQUEST FORM

The person countersigning the request form has *taken the oath/solemnly affirmed that the
 contents of the declaration are complete and true, before me at..... on
 thisday of.....20.....

 COMMISSIONER OF OATHS

(* Delete whichever is not applicable.)”.

Short title

18. These Regulations are called the Exhumation, Reburial or
 Symbolic Burial of Deceased Victims Amendment Regulations.