



TEL: 013 986 9100 FAX NO. 013 986 0995
www.thembisilehanilm.gov.za

Signed on this day of month Year

NOTE: THIS DOCUMENT MUST BE ACCOMPANIED BY THE FOLLOWING:-

- ☐ CERTIFIED COPY OF ID(S)
- ☐ (COPY) DEATH CERTIFICATE
- ☐ (COPY) LETTER OF AUTHORITY (FROM MAGISTRATE COURT)
- ☐ (COPY) DEEDS OF GRANT
- ☐ PTO FROM TRIBAL OFFICE ☐ FAMILY CONCERN LETTER

FOR OFFIC USE ONLY

RECEIVED BY: _____ DATE: _____

CATURED BY : _____ DATE: _____