



Company name STRYDOM FUNERALS
Registration Number 2015/186495/07
Contact number STRYDOM FUNERALS
Email address strydomfuneralhome@gmail.com
Physical address ADDERLEYSTREET 33 OUDTSHOORN

BURIAL CONFIRMATION

This letter serves as proof that STRYDOM FUNERALS will be conducting the burial service for Salman Plaatjies who passed away on 17/06/2026. The burial services is scheduled to take place on 27/06/2026 at Cremation

The details of the burial is as follows

Name & Surname Salman Plaatjies
Identity Number 7409165613080
Date of Death 17/06/2026
Date of Burial 27/06/2026
Location of Burial Cremation
Society Name STRYDOM FUNERALS

If you require any additional information or documentation, please do not hesitate to contact us.

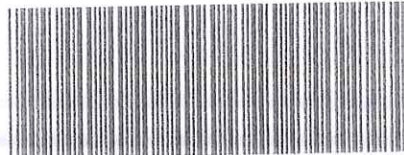


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J515198

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

20260617

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

OUDETSHOORN

4.2 Province of Death/stillbirth

WESTERNCAPE

5. Place of Registration of Death / stillbirth

OUDETSHOORN

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

7. Home telephone no.

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

7409165613080

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19740916

11. Gender

☒ 11.1 Male

☐ 11.2 Female

☐ 11.3 Indeterminable

12. Surname

PLAATJIES

13. Previous / Maiden Surname

14. Forenames

SALMAN GAVIN

15. Usual* Residential Address: Street

12 SOETDORING LAAN

Town

OUDETSHOORN

Province

WESTERNCAPE

Postal code 6625

16. Citizenship

SOUTH AFRICAN

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

OUDETSHOORN

16.2 Province of Birth

WESTERNCAPE

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)

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

(mark with a ☒)

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

DISABILITY GRANT

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

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

☐ 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.



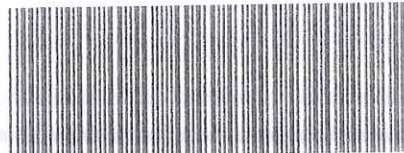


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B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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 0777374**

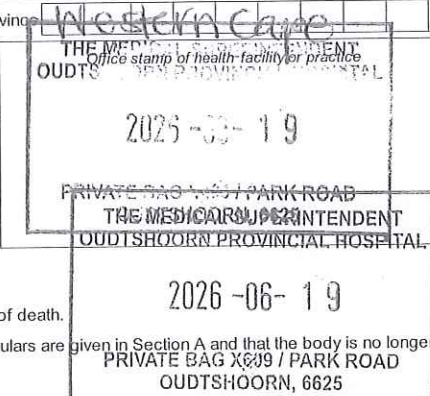
24. Surname **DELPORT**
25. Forenames **MIRJA-CARMALA**
26. Name of Health Facility / Practice **OUdTSHOORN** 27. Facility / Practice No.
28. Business Address: Street **Park Way**
Town **OUdTSHOORN** Province **Western Cape**
Telephone No. (Office) **044 2037 200** Postal Code **6625**

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 **OUdTSHOORN**

Date signed **2026 06 19**

Signature *[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 **2026 06 19**
32. Name of Medico-legal Mortuary
34. Mortuary Reference Number of Deceased
35. SAPS Case No.
36. Name of Police Station
36.1 HPCSA Registration No. **2266/26**

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

37. Surname
38. Forenames
39. Business Address: Street
Town
Province
Telephone No. (Office)
33. Mortuary No.
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 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 **2026 06 19**

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) **6710130067083** 41. Date of Birth **2026 06 19**
42. Citizenship **SOUTH AFRICAN**
43. Surname **EKSTRAAL**
44. Forenames **SARAH**
45. Residential Address: Street **112 SOETDOORING LAAN**
Town **OUdTSHOORN** Province **WESTERN CAPE** Postal Code **6625**
Telephone No. (Home)
Cellphone No. **0719998495**
46. The Deceased is my: ☐ 46.1 Parent ☐ 46.2 Spouse ☐ 46.3 Child ☒ 46.4 Other, Specify **Bother**

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 *[Signature]*

Date signed **2026 06 19**

[Signature]

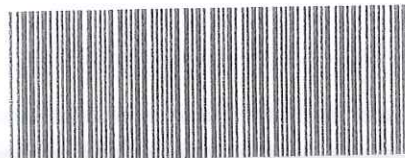


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E. PARTICULARS OF FUNERAL UNDERTAKER

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 **STRYDOM FUNERAL HOME**

48. DHA Designation No. **GG 18/2015** 49. Company Reg. No. **2015/186495/07**

50. SARS Reg. No. (Income tax reference no.) **9880915153**

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) **9101025107084**

52. Surname **STRYDOM**

53. Forenames **ROANN**

54. Business Address Street **ADDERLEYSTRAAT 33** Town **OUTDSHOORN** Province **WESTERN-CAPE** Postal Code **6625**

Telephone No. (Office) **0442791009** Cellphone No. **0795160145**

55. Date of collection of corpse **20260622** 56. Date of Cremation (if applicable) **YY YY MM DD**

57. Place of Burial (City / Town / Village) **OWN** Province **OWN**

58. Date of Burial **20260628** 59. Grave No. (if available)

Place signed **OWN**
Date signed **20260622** Signature



Left thumbprint of funeral undertaker

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) **2506235180086**

61. Surname **STOLLS**

62. Forenames **JEAN-LEIGH**

Place signed **Outschoorn**
Date signed **20260619** Signature

Office stamp of funeral undertaker

K201518649519
STRYDOM FUNERAL HOME
2015/186495/07
BTW No: 9880915153
Phone 044 279 1009
TEL: 044 279 1009 FAX: 079 516 0145

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 ☐ Copy of ID document of the informant

☐ DHA - 6 (if applicable) ☐ DHA - 1680 (if applicable)

☐ Informant ☐ Funeral Undertaker

DHA-1663 was submitted by:

Office stamp of DHA





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PLAATJIES
Names:
SALMAN GAVIN
Sex:
M
Nationality:
RSA
Identity Number:
7409165613060
Date of Birth:
16 SEP 1974
Country of Birth:
RSA
Status:
CITIZEN



Signature:

S Plaattjies

ID



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

28 MAR 2017

RSA

104309072



I.D.No. 671013 0067 08 3



S.A. BURGER/S.A. CITIZEN

VAN SURNAME

EKSTRAAL

VOORNAME/FORENAMES

SARAH

GEBORTE/DISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

1967-10-13

DATUM UITGEREIK
DATE ISSUED

2007-05-08

UITGEREIK OP BESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



298

GEREGISTREERDE

1. Bewys dat bewys van
POSADRES in hierdie sakkie

2. Indien u van adres ver-
huur, verandering, of straatnaam
moet die vorm KENNISGEWING
in die sakkie agter in die ide
verandering aan te meld en
aan die naaste streek- of
BINNELANDSE SAKE.



SARAH
EKSTRAAL

Female, 6710130067083

NOON- EN

Verhede van u
verander het,
VERANDERING, wat
jok word om die
of opgepos word
RETEMENT VAN

AL ADDRESS

RESIDENTIAL AND

If particulars of your
real number, etc., have
ADDRESS form in the
must be used to report
it posted to the nearest
OF HOME AFFAIRS.

ILC 105677298
el: 07 1998495
oedonng laan 12
udishoorn New Uli
udishoorn 6625

1. Keep the proof
POSTAL ADDRESS

2. If you have cl
present address, or
been changed the
pocket at the back
the change and it
regional district of

Stydium
BEGRAFNISDIENSTE

GESEKSTIFIEERDE WAER AFSKRIF VAN DIE OORSPRONKELIKE DOCUMENT
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

[Signature]
Handtekening / Handwritten

[Signature]
Handtekening / Handwritten



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS: OUDTSHOORN

I, Sarah Elebraai (full names and surname),

ID.no. 6710130067 083, residing at Soetdoring, laan 12

Smarte Town, contact number 074 474 3816

and Sister (relationship) of the deceased

Salman Plaagies (full names and surname),

ID.no. 7409168613080 on behalf of the Plaagies

(surname) family hereby authorise the appointment of Strydom funeral home

(funeral parlour/undertaker), business address 33 Adderley St

as the representative to register the death (inclusive of birth or marriage certificate if required) at Department of Home Affairs.

S. Elebraai

Signature of family member

(Must be the same as informant on DHA1663)

Date: 2016-06-22

Left thumbprint of family member



Signature of Appointed Funeral Undertaker

Name: Roan

Appointment no.: 66814

Date: 2016-06-22

Funeral Parlour Stamp

K201518249518
STRYDOM FUNERAL HOME
2015/186495/07
BTW No: 9880915153
Plume Str 2, Oudtshoorn, 6625
TEL: 044 279 1003 SEL: 079 516 6145



*NB – INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED
NO ALTERATIONS TO BE MADE TO THIS DOCUMENT



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 8358920

83/DHA - 5

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

ABRIDGED
DEATH CERTIFICATE

IDENTITY NUMBER: 740916 5613 08 0
SURNAME: PLAATJIES
FIRST NAMES: SALMAN GAVIN
DATE OF BIRTH: 1974-09-16
GENDER: MALE
MARITAL STATUS: NEVER MARRIED
DATE OF DEATH: 2026-06-17
PLACE OF DEATH: OUDTSHOORN
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2026-06-22

ISSUED BY: YGV202

P. A. K. L. P.
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS	
PRIVATE BAG X1 BRIDGTON OUDTSHOORN 6623	
2026 -06- 22	
MEDIUM OFFICE	
OUDTSHOORN	(18)