

REPUBLIC  
OF  
SOUTH AFRICA



REPUBLIEK  
VAN  
SUID-AFRIKA

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*Regulation Gazette*

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No. 20350

## RECTIFICATION

Notice is hereby given that the **regulation number** in the preamble of *Government Gazette* No. 19763 of 12 February 1999, was not published. The number should have read: **Regulation Gazette No. 6434.**

## REGSTELLING

Hiermee word bekendgemaak dat die **regulasienommer** in die aanhef van *Staatskoerant* No. 19763 van 12 Februarie 1999 nie gepubliseer was nie. Die nommer moes lees: **Regulasiekoerant No. 6434.**

## RECTIFICATION

Notice is hereby given that the **regulation number** in the preamble of *Government Gazette* No. 20025 of 12 February 1999, was not published. The number should have read: **Regulation Gazette No. 6520.**

## REGSTELLING

Hiermee word bekendgemaak dat die **regulasienommer** in die aanhef van *Staatskoerant* No. 20025 van 12 Februarie 1999 nie gepubliseer was nie. Die nommer moes lees: **Regulasiekoerant No. 6520.**

**PROCLAMATION***by the**Acting President of the Republic of South Africa***No. R. 87, 1999****COMMENCEMENT OF THE SOUTH AFRICAN GEOGRAPHICAL NAMES COUNCIL ACT, 1998 (Act No. 118 of 1998)**

In terms of section 13 of the South African Geographical Names Council Act, 1998 (Act No. 118 of 1998), I hereby determine **13 August 1999** as the date on which the provisions of the said Act shall come into operation.

Given under my Hand and the Seal of the Republic of South Africa at Pretoria this Twenty-second day of July, One Thousand Nine hundred and Ninety-nine.

**J. G. ZUMA****Acting President**

By Order of the President-in-Cabinet:

**B. S. NGUBANE****Minister of the Cabinet****ISIMEMEZELO***Sikamongameli Waseningizimu Afrika***Unombolo 87, 1999****UKUQALA KOKUSEBENZA KOMTHETHO WOMKHANDLU WEZOKUNIKEZWA KWAMAGAMA EZINDAWO ENINGIZIMU AFRIKA, 1998 (UMTHETHO ONGUNOMBOLO 118 KA 1998)**

Ngokwesigaba 13 soMthetho woMkhandlu weZokunikezwa kwaMagama eziNdawo eNingizimu Afrika, 1998 (UMthetho Ongunombolo 118 ka 1998), nagalesimemezele nginquma umhlaka **13 August 1999** njengosuku okuzothi ngalo izimiselo zoMthetho osushiwo ziqale ukusebenza.

Okuphuma ngaphansi kweSandla sami kanye noPhawu lweNingizimu Afrika ePitoli ngalolusuku 22 luka July Inkulungwane eyodwa naMakhulu ayisiShiyagalolunye kanye naMashumi ayisiShiyagalolunye nesiShiyagalolunye.

**J. G. ZUMA****Umongameli Obambile**

Ngokomuyalo kaMongameli kuKhabhinethi:

**B. S. NGUBANE****Ungqongqoshe Wekhabhinethi****GOVERNMENT NOTICES  
GOEWERMENTSKENNISGEWINGS****DEPARTMENT OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY  
DEPARTEMENT VAN KUNS, KULTUUR, WETENSKAP EN TEGNOLOGIE****No. R. 955****13 August 1999**

SOUTH AFRICAN GEOGRAPHICAL NAMES COUNCIL ACT, 1998 (Act No. 118 of 1998)

**REGULATIONS RELATING TO APPOINTMENT OF MEMBERS OF COUNCIL**

The Minister of Arts, Culture, Science and Technology has, in terms of section 12 of the South African Geographical Names Council Act, 1998 (Act No. 118 of 1998), made the regulations in the Schedule.

**SCHEDULE****Definitions**

1. In these regulations any word or expression to which a meaning has been assigned in the South African Geographical Names Council Act, 1998, has the meaning so assigned and—

“the Act” means the South African Geographical Names Council Act, 1998 (Act No. 118 of 1998).

**Appointment of members of Council**

2. (1) For a person to be appointed a member of the Council in terms of section 3 (2) of the Act, he or she must have special competence, experience or interest or academic expertise in or knowledge of—

- (a) geographical names; and/or
- (b) South African languages; and/or
- (c) cultural history; and/or
- (d) history; and/or
- (e) land surveying and mapping.

(2) For the purpose of appointing members to the Council in terms of section 3 (2) of the Act, any body or person, including but not limited to Tansnet, Statistics South Africa and the Names Society of Southern Africa, may nominate two or more individuals who comply with the requirements of regulation 2 (1) for such appointment.

(3) Members of the Council other than those contemplated in section 3 (1) of the Act must be appointed in the following manner:

- (a) The Minister must, by means of advertisements in the media circulating nationally, invite the bodies and persons referred to in regulation 2 (2) to nominate one person, who complies with the requirements of regulation 2 (1), within 30 days from the date of the advertisement, for appointment as a member of the Council;
- (b) the advertisement must stipulate the requirements for membership of the Council laid down in regulation 2 (1);
- (c) the Minister must establish a selection panel consisting of not less than six and not more than ten experts in geographical names, culture and history;
- (d) the selection panel must reflect broadly the race and gender composition of the Republic;
- (e) the selection panel must in a transparent manner consider all nominations and from among the nominees compile a list of candidates, having due regard to regulation 2 (1) and section 3 (2) (b) of the Act; and
- (f) the Minister must make the required number of appointments from the list.

**No. R. 955****13 Augustus 1999**

WET OP DIE RAAD VIR SUID-AFRIKAANSE GEOGRAFIESE NAME, 1998 (Wet No. 118 van 1998)

**REGULASIES BETREFFENDE AANSTELLING VAN LEDE VAN DIE RAAD**

Die Minister van Kuns, Kultuur, Wetenskap en Tegnologie het ingevolge artikel 12 van die Wet op die Raad vir Suid-Afrikaanse Geografiese name, 1998 (Wet No. 118 van 1998), die regulasies in die Bylae uitgevaardig.

**BYLAE****Woordomskrywing**

1. In hierdie regulasies het enige woord of uitdrukking waaraan in die Wet op die Raad vir Suid-Afrikaanse Geografiese name, 1998, 'n betekenis geheg is, die betekenis aldus daaraan geheg en beteken—

“die Wet” die Wet op die Raad vir Suid-Afrikaanse Geografiese Name, 1998 (Wet No. 118 van 1998).

**Aanstelling van lede van die Raad**

2. (1) Vir 'n persoon om ingevolge artikel 3 (2) van die Wet as lid van die Raad aangestel te word, moet hy of sy spesiale bekwaamheid, ondervinding of belang of akademiese kundigheid of kennis hê van—

- (a) geografiese name; en/of
- (b) Suid-Afrikaanse tale; en/of
- (c) kultuurgeskiedenis; en/of
- (d) geskiedenis; en/of
- (e) landopmeting en kartografie.

(2) Vir doeleindes van die aanstelling van lede op die Raad ingevolge artikel 3 (2) van die Wet, kan enige liggaam of persoon, insluitende, maar nie beperk nie tot, Transnet, Statistieke Suid-Afrika en die Naamkundevereniging van Suider-Afrika, vir sodanige aanstelling twee of meer individue nomineer wat aan die vereistes van regulasie 2 (1) voldoen.

(3) Ander lede van die Raad behalwe dié bedoel in artikel 3 (1) van die Wet, moet op die volgende wyse aangestel word:

- (a) Die Minister moet, deur middel van advertensies in die media wat nasionaal sirkuleer, die liggame en persone bedoel in regulasie 2 (2) uitnooi om binne 30 dae vanaf die datum van die advertensie een persoon wat aan die vereistes van regulasie 2 (1) voldoen, te nomineer vir aanstelling as 'n lid van die Raad;
- (b) die advertensie moet die vereistes vir lidmaatskap van die Raad, soos bepaal in regulasie 2 (1), stipuleer;

- (c) die Minister moet 'n keurpaneel instel wat bestaan uit minstens ses en hoogstens tien kundiges in geografiese name, kultuur en geskiedenis;
- (d) die keurpaneel moet breedweg verteenwoordigend wees van die ras- en geslagsamestelling van die Republiek;
- (e) die keurpaneel moet op 'n deursigtige wyse alle nominasies oorweeg en uit die genomieerdes 'n lys van kandidate saamstel, met behoorlike inagneming van regulasie 2 (1) en artikel 3 (2) (b) van die Wet; en
- (f) die Minister moet die vereiste aantal aanstellings uit die lys maak.

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## DEPARTMENT OF LABOUR DEPARTEMENT VAN ARBEID

**No. R. 975****13 August 1999****LABOUR RELATIONS ACT, 1995**

### BUILDING INDUSTRY BARGAINING COUNCIL (CAPE OF GOOD HOPE): RENEWAL OF COLLECTIVE AGREEMENT FOR THE CAPE PENINSULA

I, Dennis van der Walt, Director: Collective Bargaining, duly authorised thereto by the Minister of Labour, hereby, in terms of section 32 (6) (a) (ii) of the Labour Relations Act, 1995, declare the provisions of Government Notices Nos. R. 1451 of 31 October 1997 and R. 1589 of 4 December 1998, to be effective from the date of publication of this notice and for the period ending 31 October 1999.

**D. VAN DER WALT****Director: Collective Bargaining**

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**No. R. 975****13 Augustus 1999****WET OP ARBEIDSVERHOUDINGE, 1995**

### BOUNYWERHEID BEDINGINGSRAAD (KAAP DIE GOEIE HOOP): HERNUWING VAN KOLLEKTIEWE OOREENKOMS VIR DIE KAAPSE SKIEREILAND

Ek, Dennis van der Walt, Direkteur: Kollektiewe Bedinging, behoorlik daartoe gemagtig deur die Minister van Arbeid, verklaar hierby, kragtens artikel 32 (6) (a) (ii) van die Wet op Arbeidsverhoudinge, 1955, dat die bepalings van Goewermmentskennisgewings Nos. R. 1451 van 31 Oktober 1997 en R. 1589 van 4 Desember 1998 van krag is vanaf die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 31 Oktober 1999 eindig.

**D. VAN DER WALT****Direkteur: Kollektiewe Bedinging**

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## DEPARTMENT OF SAFETY AND SECURITY DEPARTEMENT VAN VEILIGHEID EN SEKURITEIT

**No. R. 965****13 August 1999**

### NOTICE UNDER SECTION 2 (2) OF THE SECOND-HAND GOODS ACT, 1955 (ACT No. 23 OF 1955)

Under section 2 (2) of the Second-hand Goods Act, 1955 (Act No. 23 of 1955), I, Stephen Vukile Tshwete, Minister for Safety and Security, hereby amend Government Notice No. R. 284 of 22 February 1963 by repealing paragraph 1 of the Second Schedule.

This notice shall come into effect on **1 January 2000**.

**S. V. TSHWETE****Minister for Safety and Security**

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**No. R. 965****13 Augustus 1999**

### KENNISGEWING KRAGTENS ARTIKEL 2 (2) VAN DIE WET OP TWEEDEHANDSE GOED, 1955 (WET No. 23 VAN 1955)

Kragtens artikel 2 (2) van die Wet op Tweedehandse Goed, 1955 (Wet No. 23 van 1955), wysig ek, Stephen Vukile Tshwete, Minister vir Veiligheid en Sekuriteit, Goewermmentskennisgewing No. R. 284 van 22 Februarie 1963, deur paragraaf 1 van die Tweede Skedule te herroep.

Hierdie kennisgewing tree in werking op **1 Januarie 2000**.

**S. V. TSHWETE****Minister vir Veiligheid en Sekuriteit**

**No. R. 966****13 August 1999****NOTICE UNDER SECTION 14 OF THE SECOND-HAND GOODS ACT, 1955 (ACT No. 23 OF 1955)**

Under section 14 (2) of the Second-hand Goods Act, 1955 (Act No. 23 of 1955), I, Stephen Vukile Tshwete, Minister for Safety and Security, hereby amend Government Notice No. R. 283 of 22 February 1963 by repealing Schedules B and C to the Regulations and by replacing them with new Schedules.

This notice shall come into immediate effect.

**S. V. TSHWETE****Minister for Safety and Security****No. R. 966****13 Augustus 1999****KENNISGEWING KRAGTENS ARTIKEL 14 VAN DIE WET OP TWEDEHANDSE GOED, 1955 (WET No. 23 VAN 1955)**

Kragtens artikel 14 van die Wet op Tweedehandse Goed, 1955 (Wet No. 23 van 1955), wysig ek, Stephen Vukile Tshwete, Minister vir Veiligheid en Sekuriteit, Goewermmentskennisgewing No. R. 283 van 22 Februarie 1963, deur Bylaes B en C tot die Regulasies te herroep en met nuwe Bylaes te vervang.

Hierdie kennisgewing tree onmiddellik in werking.

**S. V. TSHWETE****Minister vir Veiligheid en Sekuriteit**

No. R. 967

13 August 1999

**SECOND-HAND GOODS ACT, 1955 (ACT NO 23 OF 1955): SECOND-HAND GOODS REGULATIONS**

The Minister for Safety and Security has, under section 14 of the Second-hand Goods Act, 1955 (Act No 23 of 1955), made the regulations in the Schedule.

**SCHEDULE****Definitions**

1. In these regulations "the Regulations" shall mean the Regulations published in Government Notice R.283 of 22 February 1963.

**Substitutions of Schedules B and C to the Regulations**

2. The following Schedules are hereby substituted for Schedules B and C to the Regulations:

**"SCHEDULE B****APPLICATION IN TERMS OF SECTION 4 OF THE SECOND-HAND GOODS ACT, 1955 (ACT NO 23 OF 1955)**

1. Full name of applicant. \_\_\_\_\_
2. Identity number of applicant. \_\_\_\_\_
3. If not a RSA citizen, passport number and country of issue. \_\_\_\_\_
4. Physical and postal address of applicant. \_\_\_\_\_
5. Telephone, cellular phone and fax numbers. \_\_\_\_\_
6. Name of business which will be trading under the certificate. \_\_\_\_\_
7. Address of premises where business will be conducted. \_\_\_\_\_
8. Full names, address and ID numbers of every person - excluding shareholders in public companies - who will have a financial interest in the business and/or directors and/or public officers and/or members and/or trustees. \_\_\_\_\_

9. Names, addresses and ID numbers of persons presently employed.  
\_\_\_\_\_
10. Full legal name of any other business being operated from the same business premises. \_\_\_\_\_
11. If a company, company registration number; If a closed corporation, closed corporation number; If a trust, trust registration number. \_\_\_\_\_
12. Applicant's income tax reference number, office to which returns were submitted and trading period for which the last assessment has been issued.  
\_\_\_\_\_
13. VAT reference number and office to which returns are sent. \_\_\_\_\_
14. PAYE reference number and office to which returns are sent. \_\_\_\_\_
15. Regional Council Services reference number and office to which returns are sent.  
\_\_\_\_\_
16. Particulars of previous convictions of those persons listed in 9 above, if any.  
\_\_\_\_\_
17. Is the applicant an unrehabilitated insolvent? \_\_\_\_\_
18. If so, state date and details of sequestration or liquidation. \_\_\_\_\_
19. Has applicant previously conducted business in second-hand goods? \_\_\_\_\_
20. If so, state where and specify period. \_\_\_\_\_
21. Description of goods applicant proposes to deal in and particulars of license, if any, held by applicant. \_\_\_\_\_
22. Give description of premises where business will be conducted and attach sketch plan. \_\_\_\_\_
23. Full address where articles and stock will be stored, if other than premises.  
\_\_\_\_\_
24. Name of police station nearest to proposed place of business and distance therefrom. \_\_\_\_\_

Place.....

Date .....

.....  
SIGNATURE OF APPLICANT

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn to/affirmed before me and deponent's signature / mark / thumbprint was placed thereon in my presence.

At ..... on ..... at ..... : .....

.....  
Signature: Commissioner of Oaths

.....  
Full first names and surname in block letters

.....  
Business address (street address)

---

This portion is to be handed to the applicant as proof of handing in an application document

.....  
Officer in charge

Official stamp

Date ....."

**"SCHEDULE C****CERTIFICATE UNDER SECTION 4(2) OF THE SECOND-HAND GOODS ACT,  
1955 (ACT NO. 23 OF 1955)**

Under the provisions of section 4 of the Second-hand Goods Act, 1955 (Act No 23 of 1955), a certificate is hereby granted authorizing the under mentioned person to carry on business in connection with the specified classes or kinds of second-hand goods from date hereof up to 31 December .....

Name, Address and Identification number:

.....  
 .....  
 .....  
 .....  
 .....

Classes or kinds of second-hand goods in connection with which business will be carried on:

.....  
 .....  
 .....

Issued at .....

.....  
 Commissioned Officer SAPS

Date....."

**Commencement**

3. These Regulations shall come into operation with immediate effect.

No. R. 967

13 Augustus 1999

**WET OP TWEEDEHANDSE GOED, 1955 (WET NO 23 VAN 1955):  
TWEEDEHANDSE GOED REGULASIES**

Die Minister van Veiligheid en Sekuriteit het, kragtens artikel 14 van die Wet op Tweedehandse Goed, 1955 (Wet No 23 van 1955), die regulasies in die Bylae uitgevaardig.

**BYLAE****Definisies**

1. In hierdie regulasies beteken "die Regulasies" die Regulasies gepubliseer in Goewermentskennisgewing R.283 van 22 Februarie 1963.

**Vervanging van Bylaes B en C tot die Regulasies**

2. Die volgende Bylaes word hiermee in die plek gestel van Bylaes B en C tot die Regulasies:

**"BYLAE B****AANSOEK KRAGTENS ARTIKEL 4 VAN DIE WET OP TWEEDEHANDSE GOED,  
1955 (WET NO 23 VAN 1955)**

1. Volle name van aansoeker. \_\_\_\_\_
2. Identiteitsnommer van aansoeker. \_\_\_\_\_
3. Indien nie 'n RSA burger, paspoortnommer en land van uitreiking. \_\_\_\_\_
4. Fisiese- en posadres van aansoeker. \_\_\_\_\_
5. Telefoon-, sellulêre foon- en faksimileenommers. \_\_\_\_\_
6. Naam van besigheid wat kragtens die sertifikaat sal handel dryf. \_\_\_\_\_
7. Adres van perseel waar besigheid bedryf sal word. \_\_\_\_\_

8. Volle name adresse, ID nommers van elke persoon - behalwe aandeelhouders in openbare maatskappye - met 'n finansiële belang in die besigheid en/of direkteure en/of lede en/of trustees. \_\_\_\_\_
9. Name, adresse en ID nommers van persone wat tans in diens is. \_\_\_\_\_
10. Volle wettige naam van enige ander besigheid wat ook van dieselfde besigheidsperseel bedryf word. \_\_\_\_\_
11. Indien 'n maatskappy, die maatskappyregistrasienuommer; Indien 'n beslote korporasie, die beslote korporasienuommer; Indien 'n trust, die trustregistrasienuommer. \_\_\_\_\_
12. Aansoeker se Inkomstebelastingverwysingsnommer, kantoor waar opgawes ingedien is en handelstydperk waarvoor laaste aanslag uitgereik is. \_\_\_\_\_
13. BTW verwysingsnommer en kantoor waar opgawes ingedien is. \_\_\_\_\_
14. LBS verwysingsnommer en kantoor waar opgawes ingedien is. \_\_\_\_\_
15. Streeksdiensteraadverwysingsnommer en kantoor waar opgawes ingedien is. \_\_\_\_\_
16. Besonderhede van vorige veroordelings ten opsigte van die persone in paragraaf 9 vermeld, indien enige. \_\_\_\_\_
17. Is die aansoeker 'n ongerehabiliteerde insolvent? \_\_\_\_\_
18. Indien wel, verskaf datum en besonderhede van sekwestrasie of likwidasie. \_\_\_\_\_
19. Het aansoeker voorheen besigheid gedryf in tweedehandse goed? \_\_\_\_\_
20. Indien wel, verklaar waar en spesifiseer die tydperk. \_\_\_\_\_
21. Beskryf goed waarmee aansoeker handel sal dryf en besonderhede van die lisensie, indien enige, gehou deur aansoeker. \_\_\_\_\_
22. Beskryf die perseel vanwaar besigheid bedryf sal word en heg sketsplan aan. \_\_\_\_\_
23. Volle adres waar goed en voorraad geberg sal word, indien nie op perseel nie. \_\_\_\_\_
24. Naam van polisiestasie naaste aan voorgenome besigheidsplek en afstand daarvandaan. \_\_\_\_\_

Plek .....

Datum .....

Handtekening van aansoeker

Ek sertifiseer dat bostaande verklaring deur my afgeneem is en dat die verklaarder erken dat hy/sy vertrouwd is met die inhoud van hierdie verklaring en dit begryp. Hierdie verklaring is voor my beëdig/bevestig en verklaarder se handtekening/merk/duimafdruk is in my teenwoordigheid daarop aangebring.

Te ..... op ..... om ..... :

.....  
Handtekening: Kommissaris van Ede.....  
Volle voorname en van in drukskrif.....  
Besigheidsadres (straatadres)

Hierdie deel moet aan die aansoeker oorhandig word as bewys daarvan dat 'n aansoekdokument ingedien is.

.....  
Amptelike stempel

Offisier in bevel

Datum ....."

**"BYLAE C****SERTIFIKAAT KRAGTENS ARTIKEL 4(2) VAN DIE WET OP TWEEDEHANDSE GOED, 1955 (WET NO. 23 VAN 1955)**

Kragtens die bepalings van artikel 4 van die Wet op Tweedehandse Goed, 1955 (Wet No 23 van 1955), word hiermee 'n sertifikaat verleen welke die ondergemelde persoon magtig om met die gespesifiseerde klasse of soorte tweehandse goedere handel te dryf vanaf datum hiervan tot en met 31 Desember .....

**Naam, Adres en Identifikasienommer:**

.....  
.....  
.....  
.....  
.....

**Klasse of soorte tweedehandse goedere waarmee handel gedryf sal word:**

.....  
.....  
.....

**Uitgereik te .....**

**Datum .....**

.....

**Gemagtigde Offisier SAPD"**

**Inwerkingtreding**

3. Hierdie regulasies sal met onmiddellike effek in werking tree.

**DEPARTMENT OF HOME AFFAIRS  
DEPARTEMENT VAN BINNELANDSE SAKE**

No. R. 956

13 August 1999

**BIRTHS AND DEATHS REGISTRATION ACT, 1992  
(ACT NO. 51 OF 1992)**

**FIFTH AMENDMENT OF THE REGULATIONS ON THE  
REGISTRATION OF BIRTHS AND DEATHS, 1992**

The Minister of Home Affairs has, under section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), made the regulations in the Schedule.

**SCHEDULE**

**Definitions**

1. (1) In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 2139 of 9 September 1992, as amended by Government Notice Nos. R.1503 of 2 September 1994, R. 1635 of 11 October 1996, R. 879 of 3 July 1998 and R. 117 of 1 February 1999.

(2) In the Regulations any reference to an Annexure to the Regulations shall be construed as referring to an Annexure to the English text of the Regulations.

**Amendment of regulation 1 of the Regulations**

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

(a) the insertion after the definition of "death register" of the following definition:

"'death report' means a death report referred to in regulation 11(5)."; and

(b) the insertion after the definition of "district representative" of the following definition:

"'immigration officer' means an immigration officer appointed under section 3 of the Aliens Control Act, 1991 (Act No. 96 of 1991)."

**Amendment of Regulation 4A of the Regulations**

3. Regulation 4A of the Regulations is hereby amended by the substitution for subregulation(2) of the following subregulation:

"(2) If the customary union or marriage is recognised in terms of section 1(2), the relevant application must be attached to a duly completed notice of birth referred to in Annexure 1A, 1B or 1C, as the case may be."

**Amendment of regulation 5 of the Regulations**

4. Regulation 5 of the Regulations is hereby amended by the substitution for subregulation (1) of the following subregulation:

"(1) A notice of birth in terms of Chapter II of the Act shall be in the form and contain substantially the information set out in -

- (a) Annexure 1A in the case of a person under one year;
- (b) Annexure 1B in the case of a person of one year and older, but under 15 years; and
- (c) Annexure 1C if the person is 15 years and older."

**Substitution of regulation 6 of the Regulations**

5. The following regulation is hereby substituted for regulation 6 of the Regulations:

**"Registration of births**

6. (1) Where notice of birth is given to a regional representative or a district representative, the birth shall be registered in terms of section 5(2) if the information of the parents in the notice corresponds with that of the parents included in the population register, and a birth certificate may be issued to the informant in the place of a written acknowledgement of receipt as referred to in regulation 5(4).

(2) Where notice of birth is given to a regional representative or a district representative, and the information of the parents is not included in the population register, the birth shall be registered in terms of section 5(3) and a handwritten birth certificate may be issued to the informant in the place of a written acknowledgement of receipt referred to in regulation 5(4).

(3) The regional representative or district representative shall in respect of each notice of birth received in terms of regulation 5(6)(a) -

(a) register the birth in terms of section 5(2) if the information of the parents in the notice corresponds with that of the parents included in the population register, and issue a birth certificate referred to in subregulation (1), to the informant; or

(b) register the birth in terms of section 5(3) if the information of the parents is not included in the population register, and issue a handwritten birth certificate referred to in subregulation (2) to the informant.

(4) The Director-General shall, on receipt of a notice of birth referred to in regulation 5(6)(b), determine the citizenship of the person in accordance with the provisions of the South African Citizenship Act, 1995 (Act No. 88 of 1995), and if the person is a South African citizen, register the birth in terms of section 5(2) and issue a birth certificate to the informant.

(5) If a birth has been registered twice, the Director-General shall direct which notice shall be cancelled.

(6) If a notice of birth is given after the expiration of thirty days, but before the expiration of one year from the date of birth, the Director-General shall demand reasons for the late notice and if satisfied that the person whose birth is being given notice of is a person referred to in section 5, register the birth accordingly: Provided that if not so satisfied, the provisions of subregulation (8) shall apply *mutatis mutandis*.

(7) A notice of a birth of a person of one year and older shall be accompanied by all available documentary proof of his or her identity and status and if possible, an affidavit by an adult family member at least 10 years older than the person concerned confirming his or her identity and status, as well as the reasons for the late notice in writing: Provided that in the absence of conclusive documentary proof, the Director-General shall, subject to the provisions of section 7, verify the information by careful questioning of the deponent of the affidavit and also the person whose birth is being given notice of, if the latter is 14 years or older.

(8) The Director-General may register such birth if satisfied that the person referred to in subregulation (7) is a South African citizen, a South African permanent residence holder, or a non-South African referred to in section 5(3) of the Act, as the case may be: Provided that if he or she is in doubt about the status of the person concerned or convinced that the person is not a person referred to above, he or she shall refer the matter to an immigration officer to

investigate and deal with in terms of the provisions of the Aliens Control Act, 1991 (Act No. 96 of 1991)."

(9) If a person whose birth is being given notice of is 16 years or older, his or her left thumbprint shall be affixed to the appropriate space on the notice referred to in Annexure 1C: Provided that if he or she has no left thumb, his or her right thumbprint shall be affixed to the appropriate space and where that is also not possible, the instructions by the Director-General in this regard shall apply.

(10) Subregulation (9) shall apply *mutatis mutandis* to an informant giving notice of the birth of a person of one year and older."

#### **Substitution of regulation 7 of the Regulations**

6. The following regulation is hereby substituted for regulation 7 of the Regulations:

##### **"Notice of birth of child born out of wedlock**

7. Where notice of birth is given in terms of section 10(1)(b) the person who acknowledges that he is the father of the child shall enter the particulars regarding himself as set out in Annexure 1A, 1B or 1C, as the case may be, upon the notice of birth."

#### **Substitution of regulation 8 of the Regulations**

7. The following regulation is hereby substituted for regulation 8 of the Regulations:

##### **"Amendment of birth registration of a child born out of wedlock**

8. (1) In order to amend, in terms of section 11(1), the registration of the birth of a child born out of wedlock, the Director-General may, at his discretion, request any proof in respect of the birth.

(2) If the Director-General is convinced in terms of section 11(1), he shall, in order to amend the registration of the birth, cancel the original notice and register the birth in accordance with the said application.

(3) No reference to the previous registration shall be affixed to the new notice of birth.

#### **Substitution of regulation 11 of the Regulations**

8. The following regulation is hereby substituted for regulation 11 of the Regulations:

**"Notice of death**

11. (1) Any notice in respect of a death given in terms of Chapter III of the Act, shall be given orally or in writing by the informant, in the magisterial district where the death occurred, to any person authorized for this purpose in terms of section 4(1).

(2) A death register referred to in sections 14(2), 17(2) and 19(2) shall be in the form and contain substantially the information set out in part A to G of Annexure 4.

(3) The cause of death shall be given as "unnatural causes" or "under investigation", as the case may be, on the death register, in the case of a death due to other than natural causes.

(4) Any person referred to in subregulation (1) to whom notice of a death is given, as well as a police officer who in terms of section 17 receives a certificate from a medical practitioner, shall -

- (a) complete a death register, containing the certificate referred to in regulation 12(1);
- (b) issue a burial order and deliver it to the person who has charge of the burial;
- (c) subject to the provisions of regulation 13(1), issue a proof of notice of death in the form and which substantially contains the information set out in Annexure 6, to the informant; and
- (d) except in the case of a person attached to a regional or district office, forward all completed death registers daily to the regional representative or district representative in whose area his or her office is situated.

(5) A notice of death referred to in section 14(1)(b) shall be given to a person authorised in terms of section 4(1) to receive such notices who, upon receipt of such notice, shall complete a death report which shall be in the form and contain substantially the information set out in Annexure 5 and who shall upon completion thereof, deliver the death report to a person authorised in terms of section 4(1) to receive such death report.

(6) If a person authorised to receive a death report is satisfied that the death was due to natural causes and that a medical practitioner was or is not available to examine the body, he or she shall-

- (a) complete parts A, B, C and E of the death register;
- (b) attach the death report to the death register;
- (c) record the cause of death as "natural causes"; and
- (d) further deal with the death register in accordance with the provisions of subregulation (4)(b), (c) and (d).

(7) If the person referred to in subregulation (6) is not satisfied that the death was due to natural causes, he or she shall investigate, or cause to be investigated, the circumstances of the death and if satisfied after such investigation that the death was due to natural causes, deal with the death in accordance with subregulation (6)(a) up to and including (d): Provided that a report of the findings of the investigation shall be attached to the death register.

(8) If the person referred to in subregulation (6) has reason to believe that the death was due to other than natural causes, he or she shall refer the matter to a police officer who shall deal with the death in terms of the provisions of section 3 of the Inquest Act, 1959 (Act No. 58 of 1959)."

### **Amendment of regulation 12 of the Regulations**

9. Regulation 12 of the Regulations is hereby amended by the substitution for subregulation (4) of the following subregulation:

"(4) The left thumbprint of the deceased and informant, if the deceased was 16 years or older at the time of his or her death and the informant is 16 years or older, shall be affixed, by a person authorised thereto in terms of section 4, to the appropriate space on the form referred to in subregulation (1) and regulation 11(2): Provided that if the deceased or informant, as the case may be, has no left thumb, his or her right thumbprint shall be affixed to the appropriate space and where that is also not possible the instructions of the Director-General in that regard shall apply."

### **Insertion of regulation 19A and 19 B in the Regulations**

10. The following regulations are hereby inserted after regulation 19:

#### **(a) "Alteration of forename or surname to protect identity**

19A. An application for the alteration of a forename or surname of a

person to protect his or her identity in terms of a witness protection plan shall be lodged by the Department of Justice, on behalf of the person concerned, with the Director-General and shall include a written confirmation by the aforesaid Department confirming that the person concerned is under their witness protection plan and that the alteration concerned is essential to protect his or her identity"; and

**(b) "Publication of alterations and amplifications of forenames and surnames**

19B. In the case of an alteration or amplification of a forename or surname referred to in section 27, the full names of the person as they existed before the alteration or amplification, his or her identity number, his or her postal address and his or her altered or amplified forename or surname shall be published in the *Gazette*."

**Insertion of regulation 20A in the Regulations**

11. The following regulation is hereby inserted after regulation 20:

**"Surrender of documents and certificates containing incorrect information**

20A. The holder of a certificate or document referred to in section 7(3), or his or her guardian shall, if he or she or his or her guardian has been requested to do so, hand such certificate or document to the Director-General or dispatch it to him or her by registered mail within 30 days of the date of such request."

**Amendment of Index of Annexures to the Regulations**

12. The Index of Annexures to the Regulations is hereby amended by -

(a) the insertion after the item "Notification/Register of death/still birth ..... Annexure 4" of the following item: "Death report ..... Annexure 5"; and

(b) the deletion of Annexure 2 and the insertion of the following Annexures:

"Notice of birth (Persons under one year) ... Annexure 1A

Notice of birth (Persons one year and older, but under 15 years) ...

Annexure 1B

Notice of birth (Persons 15 years and older) ... Annexure 1C."

## Substitution of Division of Regulations to the Regulations

13. The following Division of Regulations is hereby substituted for the Division of Regulations to the Regulations:

### "Division of Regulations

| Subject                                                                                                      | Regulation |
|--------------------------------------------------------------------------------------------------------------|------------|
| Definitions                                                                                                  | 1          |
| Powers and duties of the Director-General                                                                    | 2          |
| Powers and duties of regional representatives and district representatives                                   | 3          |
| Reproduction of documents                                                                                    | 4          |
| Recognition of customary unions or marriages solemnised or concluded according to the tenets of any religion | 4A         |
| Notice of birth                                                                                              | 5          |
| Registration of births                                                                                       | 6          |
| Notice of birth of a child born out of wedlock                                                               | 7          |
| Amendment of birth registration of child born out of wedlock                                                 | 8          |
| Insertion of natural father's particulars in birth register of child                                         | 8A         |
| Notice of birth of abandoned child                                                                           | 9          |
| Birth outside the Republic                                                                                   | 10         |
| Notice of death                                                                                              | 11         |
| Certificate by medical practitioner                                                                          | 12         |
| Registration of deaths                                                                                       | 13         |
| Notice of still-birth                                                                                        | 14         |
| Death outside the Republic                                                                                   | 15         |
| Burial order                                                                                                 | 16         |
| Burial register                                                                                              | 17         |
| Death certificate                                                                                            | 18         |
| Alteration of forename or surname and assumption of another surname                                          | 19         |
| Alteration of forename or surname to protect identity                                                        | 19A        |
| Publication of alterations and amplifications of forenames and surnames                                      | 19B        |
| Issuing of certificates                                                                                      | 20         |
| Surrender of certificates and documents containing incorrect information                                     | 20A        |
| Penalties                                                                                                    | 21         |
| Repeal                                                                                                       | 22         |
| Short title and commencement                                                                                 | 23         |

### Short title

14. These Regulations shall be called the **Fifth Amendment of the Regulations on the Registration of Births and Deaths, 1992.**

**ANNEXURE 1A  
REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
NOTICE OF BIRTH  
(PERSONS UNDER ONE YEAR)**

[Section 9 of Act No. 51 of 1992: Regulation 5(1)]

SPACE FOR BAR CODE

| <b>A CHILD</b>                                                                            |                                                                                                         | <b>COMPLETE WITH BLACK BALLPOINT PEN</b>                                              |                                                                                                      |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Surname                                                                                   | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Forenames in full                                                                         | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Date of birth                                                                             | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                | Gender                                                                                | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                             |
| Place of birth: City/Town                                                                 | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                | Country                                                                               | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                             |
| Are the parents of the child<br>Married to each other?                                    | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                | If Yes<br>Nature of marriage                                                          | Civil <input type="checkbox"/> Customary <input type="checkbox"/> Religious <input type="checkbox"/> |
| Date of marriage                                                                          | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| <b>B NATURAL FATHER OF CHILD</b>                                                          |                                                                                                         |                                                                                       |                                                                                                      |
| Identity number                                                                           | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Date of birth                                                                             | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Surname                                                                                   | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Forenames in full                                                                         | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Place of birth                                                                            | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Citizenship                                                                               | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
|                                                                                           | Permanent residence permit No. <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> |                                                                                       |                                                                                                      |
| <b>C NATURAL MOTHER OF CHILD</b>                                                          |                                                                                                         |                                                                                       |                                                                                                      |
| Identity number                                                                           | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Date of birth                                                                             | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Present surname                                                                           | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Maiden name                                                                               | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Forenames in full                                                                         | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Place of birth                                                                            | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Citizenship                                                                               | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
|                                                                                           | Permanent residence permit No. <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> |                                                                                       |                                                                                                      |
| <b>D ACKNOWLEDGEMENT OF PATERNITY I.R.O. A CHILD BORN OUT OF WEDLOCK</b>                  |                                                                                                         |                                                                                       |                                                                                                      |
| I hereby declare that I am the natural father of the above child.                         |                                                                                                         | Mother's permission to the acknowledgement of paternity                               |                                                                                                      |
| <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                  | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>              | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                             |
| Initials and surname                                                                      | Signature                                                                                               | Initials and surname                                                                  | Signature                                                                                            |
| Identity No. <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>     |                                                                                                         | Identity No. <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> |                                                                                                      |
| Date <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>             |                                                                                                         | Date <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>         |                                                                                                      |
| <b>E INFORMANT</b>                                                                        |                                                                                                         |                                                                                       |                                                                                                      |
| I, (forenames in full and surname) .....                                                  |                                                                                                         |                                                                                       |                                                                                                      |
| Identity number <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>  | ..... declare that the above information is correct.                                                    |                                                                                       |                                                                                                      |
| Contact address                                                                           | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
|                                                                                           | Postal Code <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                    |                                                                                       |                                                                                                      |
| Telephone number <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> | Area Code <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                      | Date <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>         |                                                                                                      |
| <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                  | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                |                                                                                       |                                                                                                      |
| Signature                                                                                 | Relationship to child                                                                                   |                                                                                       |                                                                                                      |
| <b>F FOR OFFICIAL USE</b>                                                                 |                                                                                                         |                                                                                       |                                                                                                      |
| Stat                                                                                      | Birth                                                                                                   | Notice approved by                                                                    | Date <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                        |
| <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                  | <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                                | Initials and surname                                                                  | Persal No. <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>                  |
|                                                                                           |                                                                                                         | .....                                                                                 |                                                                                                      |
|                                                                                           |                                                                                                         | Signature                                                                             |                                                                                                      |
|                                                                                           |                                                                                                         | .....                                                                                 |                                                                                                      |
| Office Stamp                                                                              |                                                                                                         |                                                                                       |                                                                                                      |

## ANNEXURE 1A (continued)

BI-24

REPUBLIC OF SOUTH AFRICA

## NOTICE OF BIRTH

Must be completed in black ink. Please tick ☒ where applicable. Please refer to instruction booklet

## INFORMATION FOR MEDICAL AND HEALTH USE ONLY

FILE No.:

DATE:

|                                                          |                                           |                                                                                                                                             |                                  |                                 |             |
|----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------|
| Place of birth: Public hospital <input type="checkbox"/> | Private hospital <input type="checkbox"/> | Doctor's office <input type="checkbox"/>                                                                                                    | At home <input type="checkbox"/> | Clinic <input type="checkbox"/> | Other ..... |
| Facility name .....                                      |                                           | Facility code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                  |                                 |             |

## MOTHER

|                                                                                                                                                                           |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------------------|-----------------------------------|------------------------------------|------------------------------------|----------------------------|----------------|
| Population group: African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (specify) ..... |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| Education (Specify only highest class completed):                                                                                                                         |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| None                                                                                                                                                                      | Sub A<br>Gr. 1 | Sub B<br>Gr. 2 | Std 1<br>Gr. 3 | Std 2<br>Gr. 4 | Std 3<br>Gr. 5 | Std 4<br>Gr. 6 | Std 5<br>Gr. 7 | Std 6<br>Gr. 8<br>Form 1 | Std 7<br>Gr. 9<br>Form 2<br>NTC 1 | Std 8<br>Gr. 10<br>Form 3<br>NTC 2 | Std 9<br>Gr. 11<br>Form 4<br>NTC 3 | Std 10<br>Gr. 12<br>Form 5 | Univ.<br>Tech. |
| Give full details of the kind of work the mother is doing .....                                                                                                           |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| What is the main activity of the mother's firm, institution or private employer? Describe the activity in as much detail as possible .....                                |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |

## FATHER

|                                                                                                                                                                           |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------------------|-----------------------------------|------------------------------------|------------------------------------|----------------------------|----------------|
| Population group: African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (specify) ..... |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| Education (Specify only highest class completed):                                                                                                                         |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| None                                                                                                                                                                      | Sub A<br>Gr. 1 | Sub B<br>Gr. 2 | Std 1<br>Gr. 3 | Std 2<br>Gr. 4 | Std 3<br>Gr. 5 | Std 4<br>Gr. 6 | Std 5<br>Gr. 7 | Std 6<br>Gr. 8<br>Form 1 | Std 7<br>Gr. 9<br>Form 2<br>NTC 1 | Std 8<br>Gr. 10<br>Form 3<br>NTC 2 | Std 9<br>Gr. 11<br>Form 4<br>NTC 3 | Std 10<br>Gr. 12<br>Form 5 | Univ.<br>Tech. |
| Give full details of the kind of work the father is doing .....                                                                                                           |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |
| What is the main activity of the father's firm, institution or private employer? Describe the activity in as much detail as possible .....                                |                |                |                |                |                |                |                |                          |                                   |                                    |                                    |                            |                |

## MATERNAL

|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           |                                                                                |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Live birth <input type="checkbox"/>                                                                             | Now living <input type="checkbox"/>                                      | Now dead <input type="checkbox"/>                                                                             | Date of previous live birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                |
| Antenatal visit <input type="checkbox"/> Y <input type="checkbox"/> N                                           | Clinical estimate of gestation <input type="text"/> <input type="text"/> | Newly born birth weight g <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                                                                           |                                                                                |
| Mother transferred prior to delivery <input type="checkbox"/> Y <input type="checkbox"/> N                      | If yes, enter name of facility transferred from .....                    |                                                                                                               | Apgar score: 1 min <input type="text"/> <input type="text"/> 5 min <input type="text"/> <input type="text"/>                                              |                                                                                |
| Infant transferred? <input type="checkbox"/> Y <input type="checkbox"/> N                                       | If yes, enter name of facility transferred from .....                    |                                                                                                               |                                                                                                                                                           |                                                                                |
| SELECTED RISK FACTORS FOR THIS PREGNANCY (Complete all items)                                                   |                                                                          | Tobacco use during pregnancy <input type="checkbox"/> Y <input type="checkbox"/> N                            | Average number of cigarettes per day <input type="text"/> <input type="text"/>                                                                            | Weight gained during pregnancy in kg <input type="text"/> <input type="text"/> |
|                                                                                                                 |                                                                          | Alcohol use during pregnancy <input type="checkbox"/> Y <input type="checkbox"/> N                            | Average number of drinks per week <input type="text"/> <input type="text"/>                                                                               |                                                                                |
| Hypertensive Disease                                                                                            | Eclampsia                                                                | Antepartum Haemorrhage                                                                                        | Anaemia                                                                                                                                                   | Diabetic                                                                       |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Cardiac Disease                                                                |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Renal Disease                                                                  |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Infection                                                                      |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Other .....                                                                    |
| CONGENITAL ABNORMALITIES OF NEWBORN <input type="checkbox"/> Y <input type="checkbox"/> N If yes, specify ..... |                                                                          |                                                                                                               |                                                                                                                                                           |                                                                                |
| METHOD OF THIS DELIVERY (Mark all that apply):                                                                  |                                                                          |                                                                                                               |                                                                                                                                                           |                                                                                |
| Vaginal                                                                                                         | Vaginal birth after Previous C-Section                                   | Primary C-Section                                                                                             | Repeat C-Section                                                                                                                                          | Forceps                                                                        |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Vacuum                                                                         |
| ABNORMAL CONDITIONS OF NEWBORN (All that apply)                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           |                                                                                |
| None                                                                                                            | Anaemic (HCT <39HGB <13GL)                                               | Neurological birth injury                                                                                     | Fetal alcohol syndrome                                                                                                                                    | Hyaline membrane disease                                                       |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Seizures                                                                       |
|                                                                                                                 |                                                                          |                                                                                                               |                                                                                                                                                           | Meconium aspiration syndrome                                                   |
| Assisted ventilation <30 min                                                                                    |                                                                          |                                                                                                               | Assisted >30 min                                                                                                                                          |                                                                                |
| Other (specify) .....                                                                                           |                                                                          |                                                                                                               |                                                                                                                                                           |                                                                                |

**ANNEXURE 1B**  
**REPUBLIC OF SOUTH AFRICA**  
**DEPARTMENT OF HOME AFFAIRS**  
**NOTICE OF BIRTH**  
**(PERSONS ONE YEAR AND OLDER**  
**BUT UNDER 15 YEARS)**

[Section 9 of Act No. 51 of 1992: Regulation 5(1)]

SPACE FOR BAR CODE

This application must be accompanied by a BI-288 and as many as possible of the following which should be marked with an ☒ X.

Baptismal cert. ☐ Maternity cert. ☐ Report: Social worker ☐ School register ☐ Other.....

| <b>A CHILD</b>                                                                                                                                                            |                                                                                                 | <b>COMPLETE WITH BLACK BALLPOINT PEN</b>                |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|
| Surname                                                                                                                                                                   |                                                                                                 |                                                         |                                                                       |
| Forenames in full                                                                                                                                                         |                                                                                                 |                                                         |                                                                       |
| Date of birth                                                                                                                                                             |                                                                                                 |                                                         |                                                                       |
| Gender                                                                                                                                                                    |                                                                                                 |                                                         |                                                                       |
| Place of birth: City/Town                                                                                                                                                 |                                                                                                 |                                                         |                                                                       |
| Country                                                                                                                                                                   |                                                                                                 |                                                         |                                                                       |
| Are the parents of the child<br>Married to each other?                                                                                                                    |                                                                                                 | If Yes<br>Nature of marriage                            |                                                                       |
| Date of marriage                                                                                                                                                          |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           |                                                                                                 | Civil <input type="checkbox"/>                          | Customary <input type="checkbox"/> Religious <input type="checkbox"/> |
| <b>B NATURAL FATHER OF CHILD</b>                                                                                                                                          |                                                                                                 |                                                         |                                                                       |
| Identity number                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Date of birth                                                                                                                                                             |                                                                                                 |                                                         |                                                                       |
| Surname                                                                                                                                                                   |                                                                                                 |                                                         |                                                                       |
| Forenames in full                                                                                                                                                         |                                                                                                 |                                                         |                                                                       |
| Place of birth                                                                                                                                                            |                                                                                                 |                                                         |                                                                       |
| Citizenship                                                                                                                                                               |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           | Permanent residence permit No. <span style="border: 1px solid black; padding: 0 10px;"> </span> |                                                         |                                                                       |
| <b>C NATURAL MOTHER OF CHILD</b>                                                                                                                                          |                                                                                                 |                                                         |                                                                       |
| Identity number                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Date of birth                                                                                                                                                             |                                                                                                 |                                                         |                                                                       |
| Present surname                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Maiden name                                                                                                                                                               |                                                                                                 |                                                         |                                                                       |
| Forenames in full                                                                                                                                                         |                                                                                                 |                                                         |                                                                       |
| Place of birth                                                                                                                                                            |                                                                                                 |                                                         |                                                                       |
| Citizenship                                                                                                                                                               |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           | Permanent residence permit No. <span style="border: 1px solid black; padding: 0 10px;"> </span> |                                                         |                                                                       |
| <b>D ACKNOWLEDGEMENT OF PATERNITY I.R.O. A CHILD BORN OUT OF WEDLOCK</b>                                                                                                  |                                                                                                 |                                                         |                                                                       |
| I hereby declare that I am the natural father of the above child.                                                                                                         |                                                                                                 | Mother's permission to the acknowledgement of paternity |                                                                       |
|                                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Initials and surname                                                                                                                                                      | Signature                                                                                       | Initials and surname                                    | Signature                                                             |
| Identity No.                                                                                                                                                              |                                                                                                 | Identity No.                                            |                                                                       |
| Date                                                                                                                                                                      |                                                                                                 | Date                                                    |                                                                       |
| <b>E INFORMANT</b>                                                                                                                                                        |                                                                                                 |                                                         |                                                                       |
| I, (forenames in full and surname) .....                                                                                                                                  |                                                                                                 |                                                         |                                                                       |
| Identity number                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Contact address                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           |                                                                                                 |                                                         | Postal Code                                                           |
|                                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| Telephone number                                                                                                                                                          |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           |                                                                                                 | Area Code                                               |                                                                       |
|                                                                                                                                                                           |                                                                                                 | Date                                                    |                                                                       |
| Signature                                                                                                                                                                 | Relationship to child                                                                           |                                                         |                                                                       |
| <b>FOR OFFICIAL USE</b>                                                                                                                                                   |                                                                                                 |                                                         |                                                                       |
| Stat                                                                                                                                                                      | Birth                                                                                           |                                                         |                                                                       |
| I                                                                                                                                                                         | O                                                                                               | S                                                       | M                                                                     |
|                                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
|                                                                                                                                                                           |                                                                                                 |                                                         |                                                                       |
| <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-left: 5px;">             Please attach photo of the Informant           </div> |                                                                                                 |                                                         |                                                                       |

**TO BE COMPLETED BY REGIONAL OR DISTRICT OFFICES**

**OFFICE STAMP**

I hereby declare that I have interviewed the applicant and that I am satisfied that he/she is a South African citizen/ not a South African citizen. The following motivation serves to confirm my recommendation :

**Signature of official**

Date \_\_\_\_\_

**Signature of official**

Date \_\_\_\_\_

Signature of official

Date \_\_\_\_\_

|           |  |
|-----------|--|
| I REMARKS |  |
|-----------|--|

BI-24/15

**ANNEXURE 1C**  
**REPUBLIC OF SOUTH AFRICA**  
**DEPARTMENT OF HOME AFFAIRS**  
**NOTICE OF BIRTH**  
**(PERSONS 15 YEARS AND OLDER)**  
 [Section 9 of Act No. 51 of 1992: Regulation 5(1)]

SPACE FOR BAR CODE

This application must be accompanied by a BI-288 and as many as possible of the following which should be marked with an ☒ [X].

Baptismal cert. ☐ Maternity cert. ☐ Report: Social worker ☐ School register ☐ Other.....

| <b>A CHILD</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         | <b>COMPLETE WITH BLACK BALLPOINT PEN</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surname                                                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Forenames in full                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Date of birth                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                 | Gender                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; width: 60px; height: 15px;"></div>                                                                                                                                                 |
| Place of birth: City/Town                                                                                                                                                                                                                                                                                     | <div style="border: 1px solid black; width: 150px; height: 15px;"></div>                                                                                                                                                                                                | Country                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                |
| Are the parents of the child married to each other?                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <input type="checkbox"/> If Yes                                                                                                                                                                 | Nature of marriage                                                                                                                                                                                                                                                                                  | Civil <input type="checkbox"/> Customary <input type="checkbox"/> Religious <input type="checkbox"/>                                                                                                                    |
| Date of marriage                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                 | <div style="border: 1px solid black; padding: 5px; width: 100px; float: right;">           Please affix thumb print of the person whose birth is registered         </div> <div style="border: 1px solid black; width: 150px; height: 50px; margin-top: 10px;"></div>                               |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| <b>B NATURAL FATHER OF CHILD</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Identity number                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Date of birth                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Surname                                                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Forenames in full                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Place of birth                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Citizenship                                                                                                                                                                                                                                                                                                   | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                                                                | Permanent residence permit No.                                                                                                                                                                                                                                                                      | <div style="border: 1px solid black; width: 80px; height: 15px;"></div>                                                                                                                                                 |
| <b>C NATURAL MOTHER OF CHILD</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Identity number                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Date of birth                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Surname                                                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Forenames in full                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Place of birth                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Citizenship                                                                                                                                                                                                                                                                                                   | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                                                                | Permanent residence permit No.                                                                                                                                                                                                                                                                      | <div style="border: 1px solid black; width: 80px; height: 15px;"></div>                                                                                                                                                 |
| <b>D ACKNOWLEDGEMENT OF PATERNITY L.R.O A CHILD BORN OUT OF WEDLOCK</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| I hereby declare that I am the natural father of the above child.<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Initials and surname</span> <span>Signature</span> </div> |                                                                                                                                                                                                                                                                         | Mother's permission to the acknowledgement of paternity<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Initials and surname</span> <span>Signature</span> </div> |                                                                                                                                                                                                                         |
| Identity No.                                                                                                                                                                                                                                                                                                  | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                                                                | Identity No.                                                                                                                                                                                                                                                                                        | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                |
| Date                                                                                                                                                                                                                                                                                                          | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div>                                                 | Date                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> |
| <b>E INFORMANT</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| I, (forenames in full and surname) .....                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Identity number                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; width: 150px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> declare that the above information is correct. |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Contact address                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Telephone number                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; width: 100px; height: 15px;"></div>                                                                                                                                                                                                | Area Code                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; width: 60px; height: 15px;"></div>                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; height: 15px; width: 100%;"></div>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
| Signature                                                                                                                                                                                                                                                                                                     | <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature</span> <span>Relationship to child</span> </div>                               |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 5px; width: 100px; float: right;">           Please affix thumb print of the informant         </div> <div style="border: 1px solid black; width: 150px; height: 50px; margin-top: 10px;"></div>                          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |

## ANNEXURE 1C (continued)

## TO BE COMPLETED BY REGIONAL OR DISTRICT OFFICES

OFFICE STAMP

**F COUNTER CLERK**

I hereby declare that I have interviewed the applicant and that I am satisfied that he/she is a South African citizen/ not a South African citizen. The following motivation serves to confirm my recommendation :

Application for late registration is recommended/not recommended and the applicant has been handed over to an immigration officer/senior official.

Signature of official

Flat left thumb  
print of officer.

Persal number

Date

**G TERMINAL OPERATOR**

I hereby declare that I have verified/was not able to verify the particulars of the father and the mother on the terminal. The information is correct/not correct.

Signature of official

Persal number

Date

**H OFFICER RESPONSIBLE FOR APPROVAL/REFUSAL AT REGIONAL OR DISTRICT OFFICE**

I hereby certify that I am satisfied/not satisfied that the particulars as indicated on this late registration of birth are correct and that the applicant is a South-African citizen. The registration is hereby approved/not approved.

Signature of official

Persal number

Date

Flat left thumb  
print of officer.**I FOR HEAD OFFICE USE**

Coder No.

I hereby declare that I have compared the BI-9 with the late registration of birth and that the particulars are the same.

Signature

Persal number

Date

**J FOR HEAD OFFICE USE**

Comparer No.

I hereby declare that I have compared the BI-9 with the late registration of birth and that the particulars are the same.

Signature

Persal number

Date

BI-1680

ANNEXURE 5  
REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
**DEATH REPORT**

[Section 14(1)(b), of Act No. 51 of 1992: Regulation 11(5)]

SPACE FOR BAR CODE

**A. PARTICULARS OF DECEASED**

**COMPLETE WITH BLACK  
BALLPOINT PEN**

Identity Number:

Surname:

Forenames:

Date of Birth:    Gender:

Date of Death:

Place of Death:

**B. CAUSE OF DEATH**

1. Full description of circumstances that led to and caused the death: .....
2. Was the deceased ill immediately before his or her death? .....
3. If yes, for how long? .....
4. What was the nature of the illness? .....

**C. CERTIFICATE BY INFORMANT**

I, (full names)

Identity Number  an adult \*Male/Female permanently residing at

hereby declare that -

- (a) I was present at the abovenamed's death/saw the body;\*
- (b) the information furnished under A and B above is to the best of my knowledge and belief true and correct;
- (c) a medical practitioner could not certify the death for the following reasons:

(d) the deceased was my (indicate relationship) .....

Signature: ..... Date: .....

\* Delete whichever is not applicable

## ANNEXURE 5 (Continued)

**D. CERTIFICATE BY TRADITIONAL LEADER.**

I, the undersigned, hereby certify that the information overleaf is to the best of my knowledge and belief true and correct.

Surname:

Forenames:

Identity Number:

Designation:

Postal Address:

Telephone Number:  Area Code:

Signature: ..... Date: .....

**E. CERTIFICATE BY AUTHORISING OFFICER**

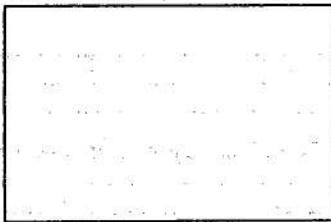
The death report has been checked for correctness and found to be in order/not in order. Registration of the death as a death due to natural causes approved/not approved.

Initials and surname:

Rank:  Persal Number:

Signature: ..... Date: .....

Office Stamp:



**WET OP DIE REGISTRASIE VAN GEBOORTES EN  
STERFTES, 1992 (WET NO. 51 VAN 1992)**

**VYFDE WYSIGING VAN DIE REGULASIES OP REGISTRASIE  
VAN GEBOORTES EN STERFTES, 1992**

Die Minister van Binnelandse Sake het kragtens artikel 32 van die Wet op Registrasie van Geboortes en Sterftes, 1992 (Wet No. 51 van 1992), die regulasies in die Bylae uiteengesit, uitgevaardig.

**BYLAE**

**Woordomskeywing**

1. (1) In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R.2139 van 9 September 1992, soos gewysig deur Goewermentskennisgewing Nos. R.1503 van 2 September 1994, R.1635 van 11 Oktober 1996, R.879 van 3 Julie 1998 en R.117 van 1 Februarie 1999.

(2) In die Regulasies word enige verwysing na 'n Aanhangsel tot die Regulasies uitgelê as verwysend na 'n Aanhangsel tot die Engelse teks van die Regulasies.

**Wysiging van regulasie 1 van die Regulasies**

2. Regulasie 1 van die Regulasies word hierby gewysig deur -

(a) die volgende woordomskeywing na die woordomskeywing "sterftesertifikaat" in te voeg:

"'sterfteverslag' 'n sterfteverslag bedoel in regulasie 11(5)."; en

(b) die volgende woordomskrywing na die woordomskrywing "distriksverteenwoordiger" in te voeg:

"'immigrasiebeampte' 'n immigrasiebeampte aangestel ingevolge artikel 3 van die Wet op Vreemdelinge-beheer, 1991 (Wet No. 96 van 1991)."

#### **Wysiging van regulasie 4A van die Regulasies**

3. Regulasie 4A van die Regulasies word hierby gewysig deur subregulasie (2) met die volgende subregulasie te vervang:

"(2) Indien die gebruikelike verbintenis of huwelik kragtens artikel 1(2) erken word, moet die betrokke aansoek aan 'n volledig voltooide aangifte van geboorte soos bedoel in Aanhangsel 1A, 1B, of 1C, na gelang van die geval, geheg word."

#### **Wysiging van regulasie 5 van die Regulasies**

4. Regulasie 5 van die Regulasies word hierby gewysig deur subregulasie (1) met die volgende subregulasie te vervang:

"(1) 'n Aangifte van geboorte ingevolge Hoofstuk II van die Wet geskied in die vorm en bevat wesenlik die besonderhede soos uiteengesit in -

- (a) Aanhangsel 1A in die geval van 'n persoon onder een jaar;
- (b) Aanhangsel 1B in die geval van 'n persoon van een jaar en ouer, maar onder 15 jaar; en
- (c) Aanhangsel 1C indien die persoon 15 jaar en ouer is."

#### **Vervanging van regulasie 6 van die Regulasies**

5. Regulasie 6 van die Regulasies word hierby deur die volgende regulasie vervang:

##### **"Registrasie van geboortes**

6. (1) In die geval waar aangifte van geboorte by 'n streekverteenwoordiger of 'n distriksverteenwoordiger gedoen word, word die geboorte ingevolge artikel 5(2) geregistreer mits die besonderhede van die ouers in die aangifte ooreenstem met dié van die ouers wat in die bevolkingsregister opgeneem is, en kan 'n geboortesertifikaat in die plek van 'n skriftelike ontvangserkenning bedoel in regulasie 5(4), aan die aangewer uitgereik word.

(2) In die geval waar aangifte van geboorte by 'n streekverteenwoordiger of 'n distriksverteenwoordiger gegee word, en die ouers se besonderhede nie

in die bevolkingsregister opgeneem is nie, word die geboorte ingevolge artikel 5(3) geregistreer en kan 'n handgeskrewe geboortesertifikaat in die plek van 'n skriftelike ontvangserkenning bedoel in regulasie 5(4), aan die aangewer uitgereik word.

(3) Die streekverteenwoordiger of distriksverteenwoordiger moet ten opsigte van elke aangifte van geboorte wat ingevolge regulasie 5(6)(a) ontvang word -

(a) die geboorte ingevolge artikel 5(2) registreer mits die besonderhede van die ouers in die aangifte ooreenstem met dié van die ouers wat in die bevolkingsregister opgeneem is, en 'n geboortesertifikaat soos in subregulasie (1) bedoel, aan die aangewer uitreik; of

(b) indien die ouers se besonderhede nie in die bevolkingsregister opgeneem is nie, die geboorte ingevolge artikel 5(3) registreer en 'n handgeskrewe geboortesertifikaat soos bedoel in subregulasie (2), aan die aangewer uitreik.

(4) Die Direkteur-generaal moet by ontvangs van 'n aangifte van geboorte bedoel in regulasie 5(6)(b), die burgerskap van die persoon ooreenkomstig die bepalinge van die Wet op Suid-Afrikaanse Burgerskap, 1995 (Wet No. 88 van 1995), bepaal en indien die persoon 'n Suid-Afrikaanse burger is, die geboorte ingevolge artikel 5(2) registreer en 'n geboortesertifikaat aan die aangewer verstrek.

(5) Indien 'n geboorte twee keer geregistreer is moet die Direkteur-generaal aandui watter aangifte gekanselleer moet word.

(6) Indien 'n aangifte van geboorte later as dertig dae na die datum van die geboorte, maar voor die verstryking van een jaar gedoen word, moet die Direkteur-generaal gelas dat redes vir die laat aangifte verstrek word en indien tevrede dat die persoon wie se aangifte van geboorte gedoen word 'n persoon bedoel in artikel 5 is, die geboorte dienoreenkomstig registreer: Met dien verstande dat indien nie sodanig tevrede nie, die bepalinge van subregulasie (8) *mutatis mutandis* geld."

(7) 'n Aangifte van geboorte van 'n persoon van een jaar of ouer moet vergesel gaan van alle beskikbare dokumentêre bewys van sodanige persoon se identiteit en status en, indien moontlik, van 'n beëdigde verklaring deur 'n volwasse familielid ten minste 10 jaar ouer as die betrokke persoon waarin sy of haar identiteit en status bevestig word, asook skriftelike redes vir die laat

aangifte: Met dien verstande dat by gebrek aan afdoende dokumentêre bewys, die Direkteur-generaal die inligting behoudens die bepalings van artikel 7 moet verifieer deur deeglike ondervraging van die verklaarder van die beëdigde verklaring, asook die persoon wie se geboorte aangegee word, indien laasgenoemde persoon 14 jaar of ouer is.

(8) Die Direkteur-generaal kan sodanige geboorte registreer indien hy of sy tevrede is dat die persoon bedoel in subregulasie (7) 'n Suid-Afrikaanse burger, 'n Suid-Afrikaanse permanente verblyfhouer, of 'n nie-Suid-Afrikaner bedoel in artikel 5(3) van die Wet, na gelang van die geval, is: Met dien verstande dat indien hy of sy in twyfel verkeer oor die betrokke persoon se status of oortuig is dat die persoon nie 'n persoon soos hierbo bedoel is nie, hy of sy die aangeleentheid na 'n immigrasiebeampte moet verwys om kragtens die bepalings van die Wet op Vreemdelinge-beheer, 1991 (Wet No. 96 van 1991), te ondersoek en te hanteer.

(9) Indien die persoon ten opsigte van wie 'n aangifte van geboorte gedoen word, 16 jaar of ouer is moet sy of haar linkerduimafdruk in die toepaslike ruimte op die aangifte bedoel in Aanhangsel 1C aangebring word: Met dien verstande dat indien hy of sy nie 'n linkerduim het nie, moet sy of haar regterduimafdruk in die toepaslike ruimte aangebring word en waar dit ook nie moontlik is nie, is die voorskrifte van die Direkteur-generaal in hierdie verband van toepassing.

(10) Subregulasie (9) is *mutatis mutandis* van toepassing op die aangewer van 'n geboorte van 'n persoon van een jaar en ouer."

### **Vervanging van regulasie 7 van die Regulasies**

6. Regulasie 7 van die Regulasies word hierby deur die volgende regulasie vervang:

#### **"Aangifte van geboorte van buite-egtelike kind**

7. Waar aangifte van geboorte ingevolge artikel 10(1)(b) gedoen word, moet die persoon wat erken dat hy die vader van die kind is die besonderhede omtrent homself soos uiteengesit in Aanhangsel 1A, 1B of 1C, na gelang van die geval op die aangifte van geboorte invul."

### **Vervanging van regulasie 8 van die Regulasies**

7. Regulasie 8 van die Regulasies word hierby gewysig in die mate soos in die Engelse teks van hierdie Regulasies uiteengesit.

## **Vervanging van regulasie 11 van die Regulasies**

8. Regulasies 11 van die Regulasies word hierby deur die volgende regulasie vervang:

### **"Kennisgewing van sterfte**

11. (1) Enige kennis in verband met 'n sterfte ingevolge Hoofstuk III van die Wet gegee, moet mondeling of skriftelik deur die aangewer, in die landdrosdistrik waarin die sterfte plaasgevind het, aan enige persoon wat ingevolge artikel 4(1) vir hierdie doel gemagtig is, gegee word.

(2) 'n Sterfteregister bedoel in artikels 14(2), 17(2) en 19(2) is in die vorm en bevat wesenlik die besonderhede in gedeelte A tot G van Aanhangsel 4 uiteengesit.

(3) Die oorsaak van dood word, in die geval van 'n sterfte weens ander as natuurlike oorsake, op die sterfteregister aangegee as "onnatuurlike oorsake" of as "word ondersoek", na gelang van die geval.

(4) 'n Persoon bedoel in subregulasie (1) aan wie kennis van 'n sterfte gegee word, asook 'n polisiebeampte wat ingevolge artikel 17 'n sertifikaat van 'n geneesheer ontvang, moet -

- (a) 'n sterfteregister bevattende die sertifikaat bedoel in regulasie 12(1) voltooi;
- (b) 'n begrafnisorder uitreik en aan die persoon wat die begrafnis reël, oorhandig;
- (c) behoudens die bepalinge van regulasie 13(1), 'n bewys van kennisgewing van sterfte, wat in die vorm is en wesenlik die besonderhede bevat wat in Aanhangsel 6 uiteengesit is, aan die aangewer uitreik; en
- (d) behalwe in die geval van 'n persoon wat aan 'n streek- of distrikskantoor verbonde is, alle ingevulde sterfteregisters daagliks aan die streekverteenwoordiger of distriksverteenwoordiger in wie se gebied sy of haar kantoor geleë is, stuur.

(5) 'n Aangifte van sterfte bedoel in artikel 14(1)(b) word gedoen aan 'n persoon gemagtig ingevolge artikel 4(1) om sodanige aangifte te ontvang, wat by ontvangs van sodanige aangifte 'n sterfteverslag in die vorm en wat wesenlik

die besonderhede soos uiteengesit in Aanhangsel 5 bevat, moet voltooi en na voltooiing aan 'n persoon ingevolge artikel 4(1) gemagtig om sodanige sterfteverslag te ontvang, oorhandig.

(6) Indien die persoon gemagtig om sodanige sterfteverslag te ontvang tevrede is dat die sterfte as gevolg van natuurlike oorsake is en dat 'n geneesheer nie beskikbaar was of is om die lyk te ondersoek nie, moet hy of sy -

- (a) gedeelte A, B, C en E van die sterfteregister voltooi;
- (b) die sterfteverslag daarby aanheg;
- (c) die oorsaak van die dood as "natuurlike oorsake" aanteken;
- en
- (d) verder ooreenkomstig die voorskrifte van subregulasie (4)(b), (c) en (d) met die sterfteregister handel.

(7) Indien die persoon bedoel in subregulasie (6) nie tevrede is dat die sterfte die gevolg van natuurlike oorsake is nie, moet hy of sy die omstandighede van die sterfte ondersoek, of laat ondersoek en indien hy of sy na sodanige ondersoek tevrede is dat die sterfte die gevolg van natuurlike oorsake is, met die sterfte ooreenkomstig van subregulasie (6)(a) tot en met (d) handel: Met dien verstande dat 'n verslag oor die bevindinge van die ondersoek by die sterfteregister aangeheg moet word.

(8) Indien die persoon bedoel in subregulasie (6) rede het om te glo dat die sterfte aan ander oorsake as natuurlike oorsake te wyte is, moet hy of sy die aangeleentheid na 'n polisiebeampte verwys wat met die sterfte ingevolge die voorskrifte van artikel 3 van die Wet op Nadoodse Ondersoeke, 1959 (Wet No. 58 van 1959), moet handel."

### **Wysiging van regulasie 12 van die Regulasies**

9. Regulasie 12 van die Regulasies word hierby gewysig deur subregulasie (4) met die volgende subregulasie te vervang:

"(4) Die linkerduimafdruk van die oorledene en die aangewer, indien die oorledene 16 jaar of ouer was ten tyde van sy of haar afsterwe en die aangewer 16 jaar en ouer is, moet deur 'n persoon kragtens artikel 4 daartoe gemagtig in die toepaslike ruimte op die vorm bedoel in subregulasie (1) en regulasie 11(2) aangebring word: Met dien verstande dat indien die oorledene of die aangewer na gelang van die geval, nie 'n linkerduim het nie, moet sy of haar regterduimafdruk in die toepaslike ruimte aangebring word en waar dit ook nie moontlik

is nie, is die voorskrifte in die Direkteur-generaal in hierdie verband van toepassing."

#### **Invoeging van regulasie 19A en 19B in die Regulasies**

10. Die volgende regulasies word hierby na regulasie 19 ingevoeg:

**(a) "Verandering van voornaam of van om identiteit te beskerm.**

19A. 'n Aansoek om die verandering van 'n persoon se voornaam of voorname om sy of haar identiteit ingevolge 'n getuiebeskermingsplan te beskerm moet deur die Departement van Justisie namens die persoon by die Direkteur-generaal ingedien word en moet 'n geskrewe bevestiging deur die voormelde Departement insluit wat bevestig dat die betrokke persoon onder 'n getuiebeskermingsplan verkeer en dat die betrokke verandering noodsaaklik is om sy of haar identiteit te beskerm"; en

**(b) "Publisering van veranderings en aanvullings van voorname en vanne.**

19B. In die geval van 'n verandering of aanvulling van 'n voornaam of van bedoel in artikel 27 moet die volle naam van die persoon soos dit voor die verandering of aanvulling bestaan het, sy of haar identiteitsnommer, sy of haar posadres en sy of haar veranderde of aangevulde voornaam of van in die *Staatskoerant* gepubliseer word.";

#### **Invoeging van regulasie 20A in die Regulasies**

11. Die volgende regulasie word hierby na regulasie 20 ingevoeg:

"20A. Die houer van 'n sertifikaat of dokument bedoel in artikel 7(3) van die Wet, of sy of haar voog, indien hy of sy of sy of haar voog daartoe versoek is, moet binne 30 dae na die datum van sodanige versoek, so 'n sertifikaat aan die Direkteur-generaal oorhandig of per aangetekende pos aan hom of haar versend."

#### **Wysiging van Inhoudsopgawe tot die Regulasies**

12. Die Inhoudsopgawe van die Aanhangsels tot die Regulasies word hierby gewysig in die mate soos in die Engelse teks van hierdie Regulasies uiteengesit.

#### **Vervanging van Indeling van Regulasies tot die Regulasies**

13. Die Indeling van Regulasies tot die Regulasies word hierby deur die volgende Indeling van Regulasies vervang:

**"Indeling van Regulasies**

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