

**SPECIAL MANDATE AND POWER OF ATTORNEY GRANTED TO THE 26778 LAND CLAIMS ACTION GROUP**

**IN RE: MEKGARENG COMMUNITY LAND CLAIM**

I, the undersigned

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In my capacity as duly authorised executor of the late estate of:

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And being the entity currently with authority over the following property namely:

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Hereby grants a special mandate and power of attorney to the 26778 Land Claims Action Group to do the following on behalf of the Estate;

Namely:

1. To institute proceedings, both in its own name and in the name of the estate over which I currently have executorship authority, against the Commission of Restitution of Land Rights, the Regional Land Claims Commissioner, the Minister of Land Affairs, the Mekgareng Community and all other interested parties who are not joined as applicants, for the judicial review with such related relief as it may be advised, and/or mandamus for the referral of the Mekgareng Community Land Claim to the Land Claims Court in respect of the land claim lodged by the Mekgareng Community.
2. To instruct attorneys Grutter and Grobbelaar and such other legal representations and other expert witnesses as may be required for purposes of the legal proceedings, ratify the decision taken by the 26778 Land Claims Action Group to appoint the said attorneys with power of substitution to be the attorney and agent of the action group and the estate I represent to institute the proceedings referred to above.
3. To Authorise and mandate the Chairman of the said action group to depose to the main founding affidavit in the said proceedings, also on behalf of the estate that I

represent.

4. To take all such steps as may be necessary, and as advised by the legal team, to bring the proceedings referred to above to finality and to take all necessary steps, as advised, to protect the interest of the estate that I represent in the prosecution and final resolution of the land claim of the Mekgareng Community.

Signature : \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Residential Address: \_\_\_\_\_