

Recu CLT / CIH / ITH
Le 25 OCT. 2018
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REPUBLIC OF NAMIBIA

MINISTRY OF EDUCATION, ARTS AND CULTURE

Tel: (061) 2933052
 Cell: 0816596360
 Enquiries: Erastus Kautondokwa
 Email: erastus@nyango.com

Dr. Frans Indongo Garden
 P/Bag 13186
 WINDHOEK

INFORMED CONSENT DECLARATION

The Directorate of National Heritage and Culture Programme is conducting research on **AIXAN /GANA /OB #ANS TSI //KHAISGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS' (Nama Music)**. I request your assistance in providing information concerning the subject. The information will be used for the Nomination of the element to the UNESCO's list of Intangible Cultural Heritage that needs urgent safeguarding and not for any commercial purposes.

I affirm that your right to privacy will be respected and the information that you will provide will be treated confidentially. Your participation is voluntary and you are free to withdraw at any time.

1. Informant's Personal information/Traditional Authority

Full Name/Organization:

MARSHALL SWARTZ (Community members)

Address: _____

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 +
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Current location:

GROOTFONTEIN

Contact:

0812820683

Office file information

Project:

Registry:

Video Photo

Voice recorder


Note book

DECLARATION

I/we certify that I am participating out of my own free will. I further agree that the information provided will be used for safeguarding of ICH and not for commercial purposes only. and that I do not in any way relinquish any individual or other rights of any kind that pertain to the information itself or the result derived from any analysis of that information.

Signature:  _____ Date: 12/03/2018

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J Janbe Signature  _____ Date: 12/03/18



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Tel: (061) 2933052
Cell: 0816596560
Enquiries: Erastus Kautondokwa
Email: erastusk@yahoo.com

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1. Informant's Personal information/Traditional Authority

Full Name/Organization: W.P. Windstaan

Address: P. O. Box 149 Karasburg

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 + <input checked="" type="checkbox"/>
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Current location: Karasburg
Contact: 081 2957365

Office file information
Project: <u>!Aixan</u>
Registry:
Video <input checked="" type="checkbox"/>
Photo <input checked="" type="checkbox"/>
Voice recorder
Note book

DECLARATION

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Signature:  Date: 09-03-2018

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Brunilda Cierlze Signature  Date: 09/03/2018



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Enquiries: Erastus Kautondokwa
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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Magneth Gxerman

Address: _____

Gender:

female <input checked="" type="checkbox"/>	male <input type="checkbox"/>
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Age group:

18 - 29 <input type="checkbox"/>	30 - 39 <input type="checkbox"/>	40 - 49 <input type="checkbox"/>	50 - 59 <input type="checkbox"/>	60+ <input checked="" type="checkbox"/>
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Current location: Cribean

Contact: _____

Office file information

Project: !Aixan

Registry:

Video

Photo

Voice recorder

Note book

DECLARATION

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Signature: M. Goelman Date: 07/03/2018

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J. Tanze Signature [Signature] Date: 07/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Amaburuxa Cultural Group

Address: BOX 298 MALTATHOITE

Gender:

female 29	male 22
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 +
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Current location: MALTATHOITE

Contact: 0817471441

Office file information
Project: <u>Aixan</u>
Registry:
Video <input checked="" type="checkbox"/>
Photo <input checked="" type="checkbox"/>
Voice recorder
Note book

DECLARATION

I/we certify that I am participating out of my own free will. I further agree that the information provided will be used for safeguarding of ICH and not for commercial purposes only. and that I do not in any way relinquish any individual or other rights of any kind that pertain to the information itself or the result derived from any analysis of that information.

Signature:  Date: 2018-03-07

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J. Janke Signature  Date: 07/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Topnagar Traditional Community
Address: P.O. Box 204, Walvis Bay.

Gender: female male X

Age group: 18 - 29 30 - 39 40 - 49 50 - 59 60 +

Current location: Utyseb Valley
Contact: 0812775899.
Chief Seth Kooitjie

Office file information
Project:
Registry:
Video
Photo
Voice recorder
Note book

DECLARATION

The Topiramine Authority Chief Traditional Authority hereby gives consent for the nomination of the AIXAN / GANA / OB #ANS TSI // KHASIGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS' (NAMA MUSIC) to the UNESCO's List of Intangible Cultural Heritage that needs urgent safeguarding.


The Traditional Authority understand and further agrees that any information provided will be used for safeguarding of ICH and not for commercial purposes and that the Traditional Authority do not in any way relinquish any individual or other rights of any kind that pertain to the information itself or the result derived from any analysis of that information.

On behalf of the Traditional Authority:

Authorised Signature:  Position: CHIEF

Date: 27.03.2018 Place: DALUS BAY

I certify that I have informed the participants about the purpose of this consultations and right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the community representatives.

Researcher's Name: Ernesto Kautonaka Signature  Date: 27/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Simon Kooper T/A

Address: P.O. Box 662, Mariental

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59 <input checked="" type="checkbox"/>	60 +
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Current location: Amper-Bo

Contact: 0814148313

Chief David Hense

Office file information

Project: _____

Registry: _____

Video

Photo

Voice recorder

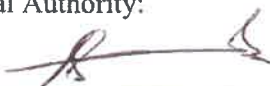
Note book

DECLARATION

The Simon Kooper Traditional Authority hereby gives consent for the nomination of the **AIXAN /GANA /OB #ANS TSI //KHASIGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS'** (NAMA MUSIC) to the UNESCO's List of Intangible Cultural Heritage that needs urgent safeguarding.

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On behalf of the Traditional Authority:

Authorised Signature:  Position: Ciack

Date: 22/03/018 Place: Amper-00

I certify that I have informed the participants about the purpose of this consultations and right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the community representatives.

Researcher's Name: Brunilda Certeze Signature  Date: 22/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Thomas !Hooseb (Community member)

Address: P.O. BOX 67 Otavi

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59 <input checked="" type="checkbox"/>	60 +
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Current location: Otavi
Contact: 0814869522

Office file information
Project: <u>!Aixan</u>
Registry:
Video
Photo <input checked="" type="checkbox"/>
Voice recorder
Note book <input checked="" type="checkbox"/>

DECLARATION

I/we certify that I am participating out of my own free will. I further agree that the information provided will be used for safeguarding of ICH and not for commercial purposes only. and that I do not in any way relinquish any individual or other rights of any kind that pertain to the information itself or the result derived from any analysis of that information.

Signature: THOMAS Date: 12/03/18

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J. Tentze Signature:  Date: 12/03/18



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Mantla Platjies / Swartbooi T/A

Address: P.O. Box 662 Mariental

Gender:

female <input checked="" type="checkbox"/>	male <input type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59 <input checked="" type="checkbox"/>	60 +
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Current location: Amper-60
Contact: 0813740615
0818740615

Office file information
Project: <u>!Aixan</u>
Registry:
Video
Photo <input type="checkbox"/>
Voice recorder
Note book <input type="checkbox"/>

DECLARATION

The Swartbooi Traditional Authority hereby gives consent for the nomination of the **AIXAN /GANA /OB #ANS TSI //KHASIGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS' (NAMA MUSIC)** to the UNESCO's List of Intangible Cultural Heritage that needs urgent safeguarding.

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On behalf of the Traditional Authority:

Authorised Signature: AT Jies Position: Community member

Date: 22/03/2018 Place: Ampet-bc

I certify that I have informed the participants about the purpose of this consultations and right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the community representatives.

Researcher's Name: Brimilda Certe Signature [Signature] Date: 22/03/18



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: Clotilde Sumser (fac daman TA)

Address: P.O. Box 1284

Gender:

female <input checked="" type="checkbox"/>	male <input type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 + <input checked="" type="checkbox"/>
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Current location: at Grootfontein

Contact: 0813100957

Office file information

Project: 1 Aixan
Registry:
Video
Photo
Voice recorder
Note book

DECLARATION

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Signature: C. Simoes Date: 12/3/18

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J. Janbe Signature: [Signature] Date: 12/03/18



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: HAI /KHAUA T/A. (GABO J. ISAACK)
Address: P.O. BOX 1177 KEETMANSHOOP

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 + <input checked="" type="checkbox"/>
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Current location: BERSEBA
Contact: CELL. 0812044759.

Office file information	
Project:	<u>!Aixan</u>
Registry:	
Video	<input checked="" type="checkbox"/>
Photo	<input checked="" type="checkbox"/>
Voice recorder	
Note book	<input checked="" type="checkbox"/>

DECLARATION

The 1 HAI IKHALIA Traditional Authority hereby gives consent for the nomination of the **AIXAN /GANA /OB #ANS TSI //KHASIGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS'** (NAMA MUSIC) to the UNESCO's List of Intangible Cultural Heritage that needs urgent safeguarding.

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On behalf of the Traditional Authority:

Authorised Signature:  Position: CHIEF

Date: 23/3/2018 Place: BERSEBA.

I certify that I have informed the participants about the purpose of this consultations and right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the community representatives.

Researcher's Name: Buumikla Pertz Signature  Date: 23/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: KAI-UKHAIUN TRADITIONAL AUTHORITY (CHIEF RSM KOOBATE)

Address: HORCHAMUTS Box 209 KALKREANS

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 + <input checked="" type="checkbox"/>
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Current location: HORCHAMUTS

Contact: 0812 164 156

Office file information

Project: _____
 Registry: _____
 Video _____
 Photo _____
 Voice recorder _____
 Note book

DECLARATION

The KAI-IKHAUN Traditional Authority hereby gives consent for the nomination of the **AIXAN /GANA /OB #ANS TSI //KHASIGU, ANCESTRAL MUSICAL SOUND KNOWLEDGE AND SKILLS' (NAMA MUSIC)** to the UNESCO's List of Intangible Cultural Heritage that needs urgent safeguarding.

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On behalf of the Traditional Authority:

Authorised Signature:  Position: GAOB

Date: 21/03/2018 Place: HEACHANAS

I certify that I have informed the participants about the purpose of this consultations and right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the community representatives.

Researcher's Name: Simon J Jenke Signature:  Date: 21/03/18



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: !Gami #Nyan Traditional Authority
Address: P. O. Box 212, Karasburg, Namibia

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59	60 + <input checked="" type="checkbox"/>
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Current location: Karasburg
Contact: 0813185248
Senior Councilor: Hans Josob

Office file information
Project: _____
Registry: _____
Video <input checked="" type="checkbox"/>
Photo <input checked="" type="checkbox"/>
Voice recorder
Note book

DECLARATION

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Signature:  Date: 09 03 2018

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Simon J Janbe Signature  Date: 09/03/2018



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1. Informant's Personal information/Traditional Authority

Full Name/Organization: WITBOOI TRADITIONAL AUTHORITY

Address: P.O. BOX 27 ERIBOON

Gender:

female	male <input checked="" type="checkbox"/>
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Age group:

18 - 29	30 - 39	40 - 49	50 - 59. <input checked="" type="checkbox"/>	60 +
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Current location: ERIBOON

Contact: HARDAP
SIMON OTTO JACOBS.
GEN CLERK.
0818256751

Office file information
Project: _____
Registry:
Video <input checked="" type="checkbox"/>
Photo <input checked="" type="checkbox"/>
Voice recorder
Note book

DECLARATION

I/we certify that I am participating out of my own free will. I further agree that the information provided will be used for safeguarding of ICH and not for commercial purposes only. and that I do not in any way relinquish any individual or other rights of any kind that pertain to the information itself or the result derived from any analysis of that information.

Signature:  Date: 06/03/2018

I certify that I have informed the participants about the purpose of the research and their right to participate voluntarily, that their privacy and right to information will be respected and that that a copy of the result derived from this information and how the information is used will be send to the representatives.

Researcher's Name: Brümilda Certeza Signature  Date: 06/03/2018