

Recu CLT / CIH / ITH
Le 25 OCT. 2018
N° .....



REPUBLIC OF NAMIBIA

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**MINISTRY OF EDUCATION, ARTS AND CULTURE**


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Tel: (061) 2933052  
 Cell: 0816596360  
 Enquiries: Erastus Kautondokwa  
 Email: [erastus@nyango.com](mailto: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: MARSHIN FITS 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: !Aixan

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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**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

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

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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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**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

<b>Office file information</b>
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 <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: Utuseb Valley  
Contact: 0812775899.  
Chief Seth Kooitjie

<b>Office file information</b>	
Project:	_____
Registry:	_____
Video	_____
Photo	<input checked="" type="checkbox"/>
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 Kautonika 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

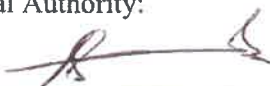
Note book

**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: !Aixan  
Registry:  
Video  
Photo   
Voice recorder  
Note book

**DECLARATION**

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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

<b>Office file information</b>
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

<b>Office file information</b>	
Project:	<u>1 Aixan</u>
Registry:	
Video	<input checked="" type="checkbox"/>
Photo	<input checked="" type="checkbox"/>
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.

<b>Office file information</b>	
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 KOOBOK)

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"/>
--------	--

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

<b>Office file information</b>
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: 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





REPUBLIC OF NAMIBIA

**MINISTRY OF EDUCATION, ARTS AND CULTURE**

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**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: 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

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

**DECLARATION**

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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