



BARCODE: DMVF-

CONFIDENTIAL WHEN COMPLETED

✓ - Where applicable

1.	<u>MILITARY VETERAN I</u>	PERSONAL INFORMATION:
	FORCE NUMBER:	IDENTITY NUMBER:
	SURNAME:	
	FULL NAMES:	
	TOLL NAMES.	
	GENDER:	Male Female RACE: A W C I O
		African, White, Coloured, Indian, Other (Specify)
	MARITAL STATUS:	Single Married Customary Marriage Divorced
		Separated Widow/er Life Partners
	FORMER FORCE:	MK SADF TDF VDF
		APLA SANDF BDF CDF
		AZANLA UDF (World War 2)
	TRANSPORT:	Own Vehicle Public Transport
	DRIVERS LICENCE:	Yes No Code:
	VETERAN:	Alive If the veteran is deceased, please supply the following info:
		Deceased
		Date of death: Y Y Y M M D D
		Town/City:
2.	MILITARY VETERAN'S	S CONTACT DETAIL: (If military veteran is deceased, supply contact detail of dependants)
	CURRENT RESIDENTIAL	
	ADDRESS:	
	(INCLUDE PROVINCE)	
	CURRENT POSTAL	
	ADDRESS:	
	TYPE OF HOUSING:	Informal Dwelling (Shack) Other
	THE OF HOUSING.	Brick House Specify:
		Flat
	OWNERSHIP OF HOUSING:	Owner Boarding with people
	HOUSING.	Rented/Tennant Other
		Specify:
	CONTACT NUMBERS:	Home Phone:
		Work Phone:
		Home Fax: Work Fax:
		Cell:
		Alternative Cell:
		E-Mail:
3.	MILITARY VETERAN E	EDUCATION: (Attach information on additional pages if the number of courses exceeds the above allotted space)
	LAST SCHOOL:	
	HIGHEST GRADE:	
	DATE OBTAINED:	Y Y Y M M D D
	DIPLOMA/DEGREE:	
	EDUCATIONAL INSTITUTION:	
	DATE OBTAINED:	Y Y Y M M D D
	COURSE/SKILL:	
	EDUCATIONAL INSTITUTION:	
	DATE OBTAINED:	Y Y Y M M D D





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Do you require further										
,	education or	skill training1	?							
SCHOOLING:	Yes	L	No							
SKILL TRAINING:	Yes		No							
What Education or Skill Training would you like to receive? Put in order of preference										
1) 2)										
3)										
4)										
5)										
MILITARY VETERAN	I'S EMPLOY	MENT STAT	rus.							
EMPLOYED BY COMPA			Name of Employe	er:						
UNEMPLOYED	一			=						
PENSIONER	H									
SELF EMPLOYED			Business Name:	_						
			Registration Num	ber:						
SHORT COMPANY PRO	IFII F.									
OHORT COMPART TRO	-	·		 						
	-									
	=			·						
MILITARY VETERAN	"C MEDICAL	INFORMA	TION:							
MILITARY VETERAN HEALTH STATUS:	1 3 MEDICAL	INFURIMA	HON:							
CHRONIC ILLNESSES YOU SUFFER FROM:										
DISABILITY YOU										
SUFFER FROM:										
COLLECT INDIVI.										
OOLI EKTROWI.										
	S A RESULT	OF INJURY O	ON MILITARY DU	TY?	Yes	□ No				
IS YOUR DISABILITY A					Yes	No No				
IS YOUR DISABILITY A	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM	ILITARY PENS	SION FOR YO	UR DISABILITY?	•		=				
IS YOUR DISABILITY A	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY:	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY:	ILITARY PENS	SION FOR YO	UR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY:	ILITARY PENS	SION FOR YO	OUR DISABILITY?	•	Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS:	MPENSATION	SION FOR YO AS A RESUL	OUR DISABILITY?	•	Yes Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT	MPENSATION ARY HEALTH R MEDICAL E	SION FOR YO AS A RESUL FACILITIES	OUR DISABILITY? T OF YOUR INJU	JRY?	Yes Yes Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR	MPENSATION ARY HEALTH R MEDICAL E	FACILITIES' XPENSES?	OUR DISABILITY? T OF YOUR INJUST PENSATION/P	JRY?	Yes Yes Yes	No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAM	MPENSATION ATTEMPT OF THE STATE OF THE STAT	FACILITIES' XPENSES? MENT COM	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER	JRY?	Yes Yes Yes	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LI	MPENSATION ARY HEALTH R MEDICAL E I'S GOVERN UMP SUM IN I	FACILITIES' EXPENSES? MENT COM RESPECT OF	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER	JRY?	Yes Yes Yes	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LU ARE YOU IN RECEIPT (War Veterans' Grant (Wo Special Pension	MPENSATION ARY HEALTH R MEDICAL E I'S GOVERN UMP SUM IN I	FACILITIES' EXPENSES? MENT COM RESPECT OF	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER	JRY?	Yes Yes Yes	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LU ARE YOU IN RECEIPT (War Veterans' Grant (Wo Special Pension Civil Pension	MPENSATION ARY HEALTH R MEDICAL E I'S GOVERN UMP SUM IN I	FACILITIES' EXPENSES? MENT COM RESPECT OF	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER	JRY?	Yes Yes Yes	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LU ARE YOU IN RECEIPT (War Veterans' Grant (Wo Special Pension	MPENSATION ARY HEALTH R MEDICAL E I'S GOVERN UMP SUM IN I	FACILITIES' EXPENSES? MENT COM RESPECT OF	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER	JRY?	Yes Yes Yes	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LU ARE YOU IN RECEIPT (War Veterans' Grant (Wo Special Pension Civil Pension	MPENSATION ATTEMPT PENS MPENSATION ATTEMPT PENS MPENSATION ATTEMPT PENS MPENSATION	FACILITIES: XPENSES? MENT COM RESPECT OF HORE OF THE	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER FOLLOWING?	ENSION:	Yes Yes Yes Yes Specify	No No No				
IS YOUR DISABILITY A DO YOU RECEIVE A MI DID YOU RECEIVE COM PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT HOW DO YOU PAY FOR MILITARY VETERAN DID YOU RECEIVE A LU ARE YOU IN RECEIPT (War Veterans' Grant (Wo Special Pension Civil Pension Other Social Grant	MPENSATION WHENSATION WHENSA	FACILITIES' EXPENSES? MENT COM RESPECT OF HORE OF THE	PUR DISABILITY? TOF YOUR INJUST PENSATION/P NSF LONG SER FOLLOWING?	ENSION: VICE?	Yes Yes Yes Yes Specify	No No No		MEMB		IIP DA





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WHAT ARE YOUR HO	DBBIES/INTERESTS:
DEPENDANTS : (Attack	h additional pages if number of dependants exceed allotted space)
ARE YOUR DEPENDANT	TS COVERED MEDICALLY? YES NO
SPOUSE/LIFE PARTN	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
CHILDREN:	
Child 1:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
EDUCATION:	
Primary/Secondary/Tertiary (ENTER P ; S OR T) Study Direction/Course (Tertiary students)	Highest Grade/Level Passed Does your child need a bursary
Child 2:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
EDUCATION:	
Primary/Secondary/Tertiary (ENTER P ; S OR T) Study Direction/Course (Tertiary students)	Highest Grade/Level Passed Does your child need a bursary
Child 3:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	

NOTES FOR YOUR INFORMATION:

- 1. This is not an application for any Military Veterans' Benefits. Please contact relevant Departments with such enquiries.
- 2. This form is utilised for the following:
 - a. To verify bona fide military veterans and to register them on the military veterans' database.
 - b. To collect data iro the situation military veterans are finding themselves in to negotiate appropriate projects etc. for military veterans
- 3. This form is to be completed **only** by South African **Military Veterans** or his/her **surviving Spouse and/or Children**.
- 4. Not to be completed by serving members of the SA National Defence Force (SANDF) Permanent Force & Reserve Force.





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- 5. **No fees are payable** to obtain or submit this form. The form is supplied **free of charge** by the Department of Military Veterans. Please report any irregularities to the Department of Military Veterans asap.
- 6. <u>Certified copies (not older than 3 months) of required documents must be attached</u> to the completed form.

IT IS A CRIMINAL OFFENCE TO COMPLETE FALSE INFORMATION ON THE REGISTRATION FORM AND ANY PERSON FAILING TO PROVIDE TRUE INFORMATION MAY BE FOUND GUILTY OF A CRIMINAL OFFENCE OR MAY BE LIABLE TO A FINE.						
I DECLARE THAT ALL THE INFORMATION PROVIDED (INCLUDING ANY ATTACHMENTS) ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE INFORMATION IS SUPPLIED VOLUNTARILY.						
MILITARY VETERAN/DEPENDANT SIGNATURE	DATE					

FOR OFFICE USE ONLY:

COMPILER:	DATA CA	APTURER:	CHECKER			
NO:	NO:		NO:			
RANK:	RANK:		RANK:			
INITIALS & SURNAME:	INITIALS & SURNAME:		INITIALS & SURNAME:			
VENUE/UNIT WHERE FORM WAS COMPLETED:	I CONFIRM THAT DATA C AND MIRRORS DATA PRO VETERANS' REGISTRATI	OVIDED IN THE MILITARY	I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:			
	YES	NO	YES	NO		
DATE:	DATE:		DATE:			
SIGNATURE:	SIGNATURE:		SIGNATURE:			