



MILITARY VETERANS DATABASE INFORMATION FORM

CONFIDENTIAL WHEN COMPLETED

BARCODE:
DMVF-

☒ - Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER:	<input type="text"/>	IDENTITY NUMBER:	<input type="text"/>										
SURNAME:	<input type="text"/>												
FULL NAMES:	<input type="text"/>												
GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	RACE: <table><tr><td><input type="checkbox"/> A</td><td><input type="checkbox"/> W</td><td><input type="checkbox"/> C</td><td><input type="checkbox"/> I</td><td><input type="checkbox"/> O</td></tr></table> <i>African, White, Coloured, Indian, Other (Specify)</i>	<input type="checkbox"/> A	<input type="checkbox"/> W	<input type="checkbox"/> C	<input type="checkbox"/> I	<input type="checkbox"/> O					
<input type="checkbox"/> A	<input type="checkbox"/> W	<input type="checkbox"/> C	<input type="checkbox"/> I	<input type="checkbox"/> O									
MARITAL STATUS:	<input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Widow/er	<input type="checkbox"/> Customary Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partners										
FORMER FORCE:	<input type="checkbox"/> MK <input type="checkbox"/> APLA <input type="checkbox"/> AZANLA	<input type="checkbox"/> SADF <input type="checkbox"/> SANDF <input type="checkbox"/> UDF (World War 2)	<input type="checkbox"/> TDF <input type="checkbox"/> BDF <input type="checkbox"/> VDF <input type="checkbox"/> CDF										
TRANSPORT:	<input type="checkbox"/> Own Vehicle	<input type="checkbox"/> Public Transport											
DRIVERS LICENCE:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Code: <input type="text"/>										
VETERAN:	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased	If the veteran is deceased, please supply the following info: Date of death: <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> Name of Cemetery: <input type="text"/> Town/City: <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

2. MILITARY VETERAN'S CONTACT DETAIL: (If military veteran is deceased, supply contact detail of dependants)

CURRENT RESIDENTIAL ADDRESS: (INCLUDE PROVINCE)	<input type="text"/>															
CURRENT POSTAL ADDRESS:	<input type="text"/>															
TYPE OF HOUSING:	<input type="checkbox"/> Informal Dwelling (Shack) <input type="checkbox"/> Brick House <input type="checkbox"/> Flat	<input type="checkbox"/> Other Specify: <input type="text"/>														
OWNERSHIP OF HOUSING:	<input type="checkbox"/> Owner <input type="checkbox"/> Rented/Tenant	<input type="checkbox"/> Boarding with people <input type="checkbox"/> Other Specify: <input type="text"/>														
CONTACT NUMBERS:	<table><tr><td>Home Phone:</td><td><input type="text"/></td></tr><tr><td>Work Phone:</td><td><input type="text"/></td></tr><tr><td>Home Fax:</td><td><input type="text"/></td></tr><tr><td>Work Fax:</td><td><input type="text"/></td></tr><tr><td>Cell:</td><td><input type="text"/></td></tr><tr><td>Alternative Cell:</td><td><input type="text"/></td></tr><tr><td>E-Mail:</td><td><input type="text"/></td></tr></table>		Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>	Home Fax:	<input type="text"/>	Work Fax:	<input type="text"/>	Cell:	<input type="text"/>	Alternative Cell:	<input type="text"/>	E-Mail:	<input type="text"/>
Home Phone:	<input type="text"/>															
Work Phone:	<input type="text"/>															
Home Fax:	<input type="text"/>															
Work Fax:	<input type="text"/>															
Cell:	<input type="text"/>															
Alternative Cell:	<input type="text"/>															
E-Mail:	<input type="text"/>															

3. MILITARY VETERAN EDUCATION: (Attach information on additional pages if the number of courses exceeds the above allotted space)

LAST SCHOOL:	<input type="text"/>										
HIGHEST GRADE:	<input type="text"/>										
DATE OBTAINED:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
DIPLOMA/DEGREE:	<input type="text"/>										
EDUCATIONAL INSTITUTION:	<input type="text"/>										
DATE OBTAINED:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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COURSE/SKILL:	<input type="text"/>										
EDUCATIONAL INSTITUTION:	<input type="text"/>										
DATE OBTAINED:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. MILITARY VETERAN'S FURTHER EDUCATION/SKILL TRAINING REQUIREMENT:

Do you require further education or skill training?

SCHOOLING: ☐ Yes ☐ 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)

5. MILITARY VETERAN'S EMPLOYMENT STATUS:

EMPLOYED BY COMPANY ☐ Name of Employer: _____
UNEMPLOYED ☐
PENSIONER ☐
SELF EMPLOYED ☐ Business Name: _____
Registration Number: _____

SHORT COMPANY PROFILE:

6. MILITARY VETERAN'S MEDICAL INFORMATION:

HEALTH STATUS: _____

CHRONIC ILLNESSES
YOU SUFFER FROM: _____

DISABILITY YOU
SUFFER FROM: _____

IS YOUR DISABILITY AS A RESULT OF INJURY ON MILITARY DUTY? ☐ Yes ☐ No

DO YOU RECEIVE A MILITARY PENSION FOR YOUR DISABILITY? ☐ Yes ☐ No

DID YOU RECEIVE COMPENSATION AS A RESULT OF YOUR INJURY? ☐ Yes ☐ No

PARTICULARS OF
INJURY ON DUTY: _____

REMARKS: _____

DO YOU UTILISE MILITARY HEALTH FACILITIES? ☐ Yes ☐ No

HOW DO YOU PAY FOR MEDICAL EXPENSES? _____

7. MILITARY VETERAN'S GOVERNMENT COMPENSATION/PENSION:

DID YOU RECEIVE A LUMP SUM IN RESPECT OF NSF LONG SERVICE? ☐ Yes ☐ No

ARE YOU IN RECEIPT OF ONE OR MORE OF THE FOLLOWING?

War Veterans' Grant (World War 2 Veterans) ☐
Special Pension ☐
Civil Pension ☐
Other Social Grant ☐ Specify _____

8. MILITARY VETERANS' ORGANISATIONS YOU ARE A MEMBER OF:

NAME OF MILITARY VETERANS ASSOCIATION/ORGANISATION	MEMBERSHIP DATE							
	Y	Y	Y	Y	M	M	D	D



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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. **Certified copies (not older than 3 months) of required documents must be attached** 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 CAPTURER:	CHECKER
NO: _____ RANK: _____ INITIALS & SURNAME:	NO: _____ RANK: _____ INITIALS & SURNAME:	NO: _____ RANK: _____ INITIALS & SURNAME:
VENUE/UNIT WHERE FORM WAS COMPLETED:	I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:	I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:
	YESNO	YESNO
DATE:	DATE:	DATE:
SIGNATURE:	SIGNATURE:	SIGNATURE: