

REQUEST TYPE:	REQUEST FOR PERSONAL INFORMATION FROM THE MILITARY VETERANS' DATABASE
	TAIL OF PERSON REQUESTING INFORMATION (TICK APPLICABLE BLOCK):
All copies must be Certified.	
• No printouts will be provided to 3 rd parties	
Military Veterans must complete this form and attached certified id copy	
-	veteran is late the Dependant must submit the Death Certificate and dependant's
Unabridged Birth Certificate with both parents details plus or if it is the Widow must submit her ID	
Copy and Marriage Certificate.	
Force Number:	
ID Number:	
Name &	
Surname:	
	IL OF BENEFICIARY SUPPORT SERVICES OFFICIAL RELEASING INFORMATION
Name &	
Surname:	
DETAIL OF REQUEST	
Subject matter	Military veteran is requesting information from his/her own profile
requested:	on the military veterans' database or if the military veteran is
	deceased the registered widow or dependant is requesting
	information.
	Members of DMV is requesting info to verify member/dependants
	for benefits purposes
Hand over	Original, stamped and signed printout from the military veterans' database per hand
method:	or emailed to military veteran.
DATA RELEASE INFORMATION	
Place:	DMV HQ, Hatfield Pretoria
Date:	
Applicant	
signature:	
J	
Official	
signature:	
	NOTES FOR OFFICE USE
No printouts will be provided without meeting the above requirements.	
Copies of all relevant documents to be attached to the form.	
Copy of the confirmation printout is to be attached to this form.	
If emailed, a copy of the email must also be attached to this form.	
All BSS Officials' forms must be submitted on a monthly basis and filed in accordance with the DMV	
Filing System DMV/R/512/2.	
MEMBERS TO TAKE NOTE TO SAVE THE ORIGINAL COPY OF THE CONFIRMATION LETTER AS IT WILL	
NOT BE RE-ISSUED	
CONTACT DETAILS:	
EMAIL:	
CELPHONE 1: CELLPHONE 2:	