



military veterans

Department:
Military Veterans

REPUBLIC OF SOUTH AFRICA

**BENEFIT ACCESS
FORM: DEDICATED
COUNSELLING
SERVICES**

*MILITARY
VETERANS ACT 18
of 2011, SECTION 5
(1) (b).*



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

--	--	--	--	--	--	--	--

FORCE NUMBER/ SERIAL NUMBER

<p>INSTRUCTIONS</p> <ul style="list-style-type: none"> You are applying for Dedicated Counselling and Treatment Services for your Dependents You should ONLY apply for this benefit if you or your dependents are registered on the database of the Department of Military Veterans. Dedicated Counselling is available to military veterans and or their Dependents. To check if you are registered call 080 232 3244 <p>This application form is free. Do not Pay any amount to anyone</p> <p>Submit to Health.Care@dmv.gov.za</p>	PERSONAL DETAILS (TO BE COMPLETED BY MILITARY VETERAN OR APPLICANT FOR DEPENDENTS TO ACCESS THE SERVICE)									
	Surname									
	Full Names						Initials			
	Identity Number						Gender		M	F
	Date of Birth				Cell Number					
	Residential Address									
							Postal Code			
	Email Address						Tel No.			
	Are you 60 years or above		Yes	No					Divorced	
	If married, provide the following details of your spouse									
	Surname						Initials			
	Cell Number									
	DEPENDENTS									
	SURNAME				INITIALS		IDENTITY NUMBER			



--	--	--	--	--	--	--	--	--	--

FORCE NUMBER/ SERIAL NUMBER

	QUALIFICATION CRITERIA FOR COUNSELLING		
	Did the Military Veteran qualify for the DMV Health Care Benefit?	YES	NO
	Any statements or motivation:		

DECLARATION AND CONSENT

I, the undersigned (*Full Names*)

.....

I consent to and authorise the Department of Military Veterans to contact any person or entity for purposes of obtaining or verifying such information or documentation related to my application for the Military Veterans Counselling Benefit.

I am the applicant whose details appear in this application form. The content of the said benefit access form falls within my personal knowledge, unless stated otherwise, and are both true and correct.

APPLICANT'S SIGNATURE	DATE	IDENTITY NUMBER
------------------------------	-------------	------------------------

PLEASE ATTACH THE FOLLOWING DOCUMENTS

	Application form		
	Certified Identity Documents		
	Birth Certificates(children)		
	Marriage certificate		
	Death Certificate		
	Any other documents		