



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA



**Private Bag X 943
Pretoria
0001**

APPLICATION FORM FOR COVID 19 UNEMPLOYMENT RELIEF FUND

Have you applied for Social Relief of Distress before ?

YES

NO

If yes are you still receiving it ?

YES

NO

PART 1 : To to be completed by the applicant

Personal details

1.1	Surname	
1.2	Full Names	
1.3	Title	
1.4	Marital status	
1.5	Identity no	
1.6	Force Number	
1.7	Are you registered on the DMV data base	
1.8	Home address	
1.9	City	
1.10	Province	
1.11	Postal address (Indicate if same as above)	
1.12	Contact no (Tell)	
1.13	Contact Number (Cell)	



PART : 2

2.1	Are you employed	
2.2	If yes what is your nature of employment	
2.3	Are you receiving any form of financial support	
2.4	if yes state where you are getting the financial support from and how much	

Are you receiving any of the following pensions ?

No	Type of Pension	yes	No	Amount
2.3.1	Military Pension			
2.3.2	Military Special pension			
2.3.3	Old age Pension			
2.3.4	GEPF			
2.4.5	Other			

2.4 Have you received or currently receiving any of the following benefits from DMV

	Benefits list	Yes	No	Date of which benefits were applied for	Date of which benefits were received
2.4.1	Compensation				
2.4.2	Dedicated Counselling				
2.4.3	Education, Training and Skills Development				
2.4.4	Facilitation of Employment Placement				
2.4.5	Facilitation or Advise on Business Opportunity				
2.4.6	Subsidisation or Provision of Public Transport				
2.4.7	Pension				
2.4.8	Access to Healthcare				
2.4.9	Housing Support				



MONTHLY EXPENDITURE TABLE

MONTHLY INCOME	SOURCE OF INCOME	AMOUNT IN RANDS
Income # 01		R
Income # 02		R
Income # 03		R
Total Monthly Income		R

EXPENSES

Housing	Amount in Rands
Mortgage	R
Rent	R
Sub-Total	R
Groceries	R
Sub-Total	R
Transportation	
Public Transport	R
Fuel	R
Car service	R
Sub-Total	R
UTILITIES	
Water	R
Electricity	R
Other : Specify	R
Sub-Total	R
OTHER EXPENSES	
1. Personal Loans	R
2. Education	R
Sub-Total	R
SAVINGS	
1. Stokvels	R
Sub-Total	R
TOTAL MONTHLY EXPENDITURE	R



PART : 3

DECLARATION CLAUSE:

I, _____ ID: _____ hereby declare that all statements made herein are to my knowledge and belief true. I understand that any false statements may result in being found guilty of an offence and is punishable by fine, imprisonment as well as withdrawal of benefits in accordance with relevant legislation, Military Veterans Act 18 of 2011 and Regulations.

I also hereby consent that the information provided may be used for further investigation by the department as well as determine the eligibility of this application.

Signed at: _____ on this _____ day of _____ 20

Signature: _____

DISCLAIMER:

NB: NOTE THAT APPLICATION DOES NOT GUARANTEE APPROVAL OF THIS BENEFIT. IT WIL TAKE THE DEPARTMENT AT LEAST TWO WEEKS TO PROCESS THIS COVID 19 TOPUP FORM BASED ALSO ON THE AVAILABLE BUDGET FOR THE PROJECT. THIS IS A SELECTIVE AND TEMPORARY BENEFIT.

The following documents must accompany this application form:

- a) Certified copy of identity document (Not older than 3 months)
- b) Sworn affidavit stating that applicant is unemployed or has experienced a disaster.
- c) Latest proof of residence (not older than 3 months)
- d) Latest 3 months bank statement
- e) Signed and stamped bank entity form

The form can be hand delivered to DMV Head Office in Pretoria.

Applicant's Signature: _____ Date: _____