



MILITARY VETERANS DATABASE INFORMATION FORM

CONFIDENTIAL WHEN COMPLETED

BARCODE:
DMVF-

- Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER: **IDENTITY NUMBER:**

SURNAME:

FULL NAMES:

GENDER: Male Female **RACE:** _____
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 Deceased If the veteran is deceased, please supply the following info:
Date of death:
Name of Cemetery: _____
Town/City: _____

2. MILITARY VETERAN'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
 Brick House Specify: _____
 Flat

OWNERSHIP OF HOUSING: Owner Boarding with people
 Rented/Tenant Other
Specify: _____

CONTACT NUMBERS:

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:
HIGHEST GRADE:
DATE OBTAINED:

DIPLOMA/DEGREE:
EDUCATIONAL INSTITUTION:
DATE OBTAINED:

COURSE/SKILL:
EDUCATIONAL INSTITUTION:
DATE OBTAINED:



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9. ORDERS/DECORATIONS/MEDALS RECEIVED:

10. WHAT ARE YOUR HOBBIES/INTERESTS:

11. DEPENDANTS: (Attach additional pages if number of dependants exceed allotted space)

ARE YOUR DEPENDANTS COVERED MEDICALLY?

YES NO

SPOUSE/LIFE PARTNER:

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

Date Passed

Does your child need a bursary

Y N

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

Date Passed

Does your child need a bursary

Y N

Child 3:

GENDER: MALE FEMALE

FULL NAMES: _____

SURNAME: _____

ID NUMBER: _____

EDUCATION (INDICATE THE EDUCATIONAL INSTITUTION YOUR CHILD IS CURRENTLY ATTENDING):

Primary/Secondary/Tertiary
(ENTER P; S OR T)
Study Direction/Course
(Tertiary students)

Highest Grade/Level
Passed

Date Passed

Does your child need a bursary

Y N

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. **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:
	YES NO	YES NO
DATE:	DATE:	DATE:
SIGNATURE:	SIGNATURE:	SIGNATURE: