



# military veterans

Department:  
Military Veterans  
**REPUBLIC OF SOUTH AFRICA**

**Private Bag X 943, Pretoria, 0001 328 Festival Street, Hatfield, Pretoria**  
**Telephone: 012 765 9476/076 869 2437**  
**Facsimile: 086 233 4451**  
**Email: [funeral.veterans@gmail.com](mailto:funeral.veterans@gmail.com)**  
**Enquiries: Ms L.P. Sono**

REF: ESM/BS/GP/ /21-22

## MEMBERS WHO QUALIFY FOR BURIAL SUPPORT

- a. Members who passed away while not serving in the SANDF.
- b. Members who registered on the National DMV Date Base.

## STEP TO BE FOLLOWED BY THE NEXT OF KIN/ RELATIVES OF A MILITARY VETERAN ON PASSING AWAY

1. Notify the Department of Military Veterans burial support office immediately in order for officials to fast track the burial payment processes.
2. Gather all necessary documentation that proves that deceased is a *bona-a-fide* military veteran.
3. Notify the Department of Military Veterans if there are offspring.
4. You are requested to forward the following documentation to the Department of Military Veterans as soon as possible by either fax, email or personally to the above listed, see address block :
  - a. Clear certified copy of the deceased's ID.
  - b. Force number.
  - c. Certified copy of the death certificate.
  - d. Certified copy of the marriage certificate or proof of customary marriage.
  - e. Burial order, doctor's report and notice of death (B11663).
  - f. Written proof that military veterans was unemployed or employed and getting paid less than **R125 000.00** per annum (**Affidavit in English**).
  - g. Clear certified ID copy of claiming beneficiary.
  - h. Three affidavits and certified ID copies of three family members giving beneficiary permission to claim for funeral benefits if veteran is not married (**In English**).
  - i. Beneficiary to write an affidavit taking full responsibility for burial support claim (**In English**.)
  - j. Bank confirmation letter of beneficiary.
  - k. Proof of residence.
  - l. Contact number of beneficiary.
  - m. Invoice for burial cost.
  - n. Families to apply for the registration of deceased military veterans who are not registered on the DMV National Data Base.
  - o. Completed documents provided by DMV burial support office (application to access benefits form at the **Police Station**, bank entity form **signed and stamped at the Bank** and data base notification of death form).
5. This instruction page must accompany this request document.

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## **BURIAL SUPPORT FILE CHECK LIST**

- Payment advice
- Submission
- Data base confirmation
- Special and Civil pension verification
- Data base reporting the passing of a military veteran
- Clear certified copy of the deceased's ID
- Death certificate
- Marriage certificate or proof of customary marriage
- One affidavit written by beneficiary or widow taking full responsibility of funeral benefit claim
- Three affidavits and certified ID copies of three family members giving beneficiary permission to claim for funeral benefits
- Written proof that military veterans was unemployed or employed and getting paid less than **R125 000.00** per annum
- Clear certified ID copy of claiming beneficiary
- Bank entity form
- Bank statement of beneficiary
- Proof of residence
- Application to access
- Invoice for reimbursement application
- Burial order (1663)

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## BURIAL SUPPORT FILE CHECK LIST

- Payment advice
- CSD Report
- Valid tax clearance certificate
- Submission
- Data base confirmation
- Special and Civil pension verification
- Data base reporting the passing of a military veteran
- Clear certified copy of the deceased's ID
- Death certificate
- Marriage certificate or proof of customary marriage
- One affidavit and certified ID copy beneficiary giving burial support office permission to pay funeral benefits to funeral parlour
- Written proof that military veterans was unemployed or employed and getting paid less than **R125 000.00** per annum
- Invoice
- Application to access
- Burial order (1663)

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**AIDS HELPLINE: 0800-0123-22 Prevention is the cure**

APPLICATION FOR ACCESSING BENEFITS AS ARTICULATED  
IN SECTION 5(1) OF THE MILITARY VETERANS ACT 18 OF  
2011

*(Form MVBR-01)*



Note: Applicants must consult the document: *A Guide for Completing the Application for Accessing Benefits.*

Why are you not using your medical aid?	
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**SECTION B8 | HOUSING**

	Yes	No	If yes, provide the physical address
Do you have a house			

If you have house, why are you applying for a housing benefit?	
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**SECTION B9| BURIAL SUPPORT**

Name of the deceased										
Liquidation and Distribution number										
Are you applying for a reimbursement of burial costs	Yes	No	If yes, indicate the amount incurred							
			R							

**SECTION C | DOCUMENTS REQUIRED**

- Identity document
- Proof of residence
- Proof of registration on the database
- Proof of spousal/dependant relationship
- Birth certificate of dependants
- Proof of income
- Proof of registration in the relevant institution if applying for education support
- CV if applying for facilitation of employment
- Outstanding mortgage loan if applying for a housing benefit
- Demobilisation records, certified personnel register or services certificate if applying for burial support and the deceased is not on registered on the database
- Actual burial costs, death certificate, liquidation and distribution number if applying for re-imburement of burial costs
- Identity card issued by the Department



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**SWORN DECLARATION**

I, the undersigned (Full Names) \_\_\_\_\_

Am the applicant whose names appear in this application form;

The content of the said application form falls within my personal knowledge, unless stated otherwise and are both true and correct;

\_\_\_\_\_  
 DEPONENT SIGNATURE

\_\_\_\_\_  
 IDENTITY NUMBER

\_\_\_\_\_  
 DATE

I certify that before administering the oath / affirmation, I asked the deponent the following and wrote down his/her answers in his/her presence:

Do you know and understand the content of the declaration?

Answer \_\_\_\_\_

Do you have any objection in taking the prescribed oath?

Answer \_\_\_\_\_

Do you consider the prescribed oath to be binding on your conscience?

Answer \_\_\_\_\_

I certify that the deponent has acknowledged that he/she knows and understands the content of this affidavit which was signed and affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
 COMMISSIONER OF OATH (NAME)

\_\_\_\_\_  
 CAPACITY OF THE COMMISSIONER

\_\_\_\_\_  
 PLACE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 COMMISSIONER OF OATH (SIGNATURE)



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**SECTION A: RECEIPT OF APPLICATION FOR OFFICE USE**

Dear Military Veteran/Dependant,

This is to confirm receipt of your application.

Once assessed, you will be advised of further progress. If you have queries in relation to your application or process, please contact the nearest DMV office.

To be completed by the office administrator

Acknowledge Submission of Application Forms Applicant's Information	
Surname	
Full Names	
Title	
Identity	
Signature of Applicant	
Date of Submission	

Acknowledge Submission of Application Forms Administrator's Information	
Surname	
Names	
DMV Office	
Contact Number	
Signature of Administrator	
Date of Receipt	





# ENTITY MAINTENANCE

## Bank Details

The Director General : Department of \_\_\_\_\_

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/yyyy

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account:  Current Account  Other ( please specify )

Savings Account

Transmission Account

DATE STAMP OF BANK  
BANK ACCOUNT PARTICULARS  
CERTIFIED AS CORRECT

[Empty box for date stamp and bank particulars]

ADDRESS TO SEND THE PAYMENT STUB

[Empty box for address to send the payment stub]





# MILITARY VETERANS DATABASE

BARCODE:  
DMVF-

## REPORTING THE PASSING OF A MILITARY VETERAN

- Where applicable

### 1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER:

IDENTITY NUMBER:

SURNAME:

FULL NAMES:

DATE OF DEATH

NAME OF CEMETARY

TOWN OF BURIAL

### 2. BENEFICIARY'S CONTACT DETAIL:

CURRENT  
RESIDENTIAL  
ADDRESS:  
(INCLUDE PROVINCE)


CURRENT POSTAL  
ADDRESS:


CONTACT NUMBERS:

Home Phone:	
Work Phone:	
Home Fax:	
Work Fax:	
Cell:	
Alternative Cell:	
E-Mail:	

*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