

**1. MILITARY VETERAN PERSONAL INFORMATION:**

**FORCE NUMBER:**  **IDENTITY NUMBER:**

**SURNAME & INITIALS:**

**2. ADDRESS OF DEPENDANTS (IF IT DIFFERS TO THAT ON THE MAIN FORM)**

**RESIDENTIAL ADDRESS: (INCLUDE PROVINCE)**

**CONTACT NUMBERS:**

Home Phone:	<input type="text"/>
Cell:	<input type="text"/>
Alternative Cell:	<input type="text"/>

**3. DEPENDANTS:**

**ARE MILITARY VETERANS' 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)  Highest Grade/Level Passed  Date Passed  Does your child need a bursary  Y  N

Study Direction/Course (Tertiary students)

**Child 2:**

**GENDER:**  MALE  FEMALE

**FULL NAMES:**

**SURNAME:**

**ID NUMBER:**

**EDUCATION:**

Primary/Secondary/Tertiary (ENTER P; S OR T)  Highest Grade/Level Passed  Date Passed  Does your child need a bursary  Y  N

Study Direction/Course (Tertiary students)

**Child 3:**

**GENDER:**  MALE  FEMALE

**FULL NAMES:**

**SURNAME:**

**ID NUMBER:**

**EDUCATION:**

Primary/Secondary/Tertiary (ENTER P; S OR T)  Highest Grade/Level Passed  Date Passed  Does your child need a bursary  Y  N

Study Direction/Course (Tertiary students)

*I DECLARE THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE INFORMATION IS SUPPLIED VOLUNTARILY*

\_\_\_\_\_  
**MILITARY VETERAN/DEPENDANT**  
Date: \_\_\_\_\_

\_\_\_\_\_  
**DMV OFFICIAL + PROVINCE**  
Date: \_\_\_\_\_

REGISTER SERIAL NUMBER: \_\_\_\_\_