

- Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER: **IDENTITY NUMBER:**

SURNAME:

FULL NAMES:

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"/>

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** _____

COMPILER: _____

PROVINCE: _____

REGISTER SERIAL NUMBER: _____