

RESTRICTED



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

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REF: ESM/BS/GP/ /20-21

MEMBERS WHO QUALIFY FOR BURIAL SUPPORT

- a) Members who are registered on the National DMV database.
- b) Members who are earning less than R125 000.00 per annum.

STEPS TO BE FOLLOWED BY THE FAMILY WHEN APPLYING FOR BURIAL SUPPORT OF THE MILITARY VETERAN WHO PASS ON

1. Notify us immediately by sending ID copies of the Military veteran and of the beneficiary. Bank details of the beneficiary for us to fast track payment process.
2. Gather all required documents to complete the application, which are:
 - a) Fill in Data base reporting of the passing of the Military Veteran
 - b) Clear certified ID of Military Veteran
 - c) Clear certified death certificate of Military Veteran
 - d) Clear certified Married Certificate or proof of Customary Marriage (If married)
 - e) One affidavit from the beneficiary stating that he or she is taking full responsibility of the funeral, and give us working statues of the Military Veteran(**if the veteran was working please attach latest payslip and note we pay for Military Veterans who earned less than R125 000,00 per annum**).
 - f) If the Military Veteran was not married three affidavits are required from family members nominating the beneficiary, and they must also send their clear certified ID copies.
 - g) Clear certified ID of the beneficiary.
 - h) Fill in the Entity Form take it to the bank for account verification and bank stamp.
 - i) Bank confirmation letter.
 - j) Prove of residence (if the address is appearing on the statement or bank for confirmation no need to attach one).
 - k) Fill in access to benefit form and take it to police or commissioner of oath signature and stamp.
 - l) Clear invoice from the funeral parlour.
 - m) Burial order.
 - n) Notice of Death.

PLEASE TAKE NOTE BURIAL CLAIM MUST BE MADE WITHIN 12 MONTHS PERIOD FROM THE DAY OF THE PASSING ON OF THE MILITARY VETERAN

THIS DOCUMENT IS SUPPLIED FREE OF CHARGE BY THE DEPARTMENT OF MILITARY VETERANS AND IS NOT FOR SALE

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MILITARY VETERANS DATABASE

BARCODE:
DMVF-

REPORTING THE PASSING OF A MILITARY VETERAN

- Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

| | | | |
|------------------|----------------------|------------------|----------------------|
| FORCE NUMBER: | <input type="text"/> | IDENTITY NUMBER: | <input type="text"/> |
| SURNAME: | <input type="text"/> | | |
| FULL NAMES: | <input type="text"/> | | |
| DATE OF DEATH | <input type="text"/> | | |
| NAME OF CEMETARY | <input type="text"/> | | |
| TOWN OF BURIAL | <input type="text"/> | | |

2. BENEFICIARY'S CONTACT DETAIL:

| | |
|--|----------------------|
| CURRENT RESIDENTIAL ADDRESS: (INCLUDE PROVINCE) | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

| | |
|-------------------------|----------------------|
| CURRENT POSTAL ADDRESS: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

| | | |
|------------------|-------------------|----------------------|
| 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 |
|---|-------------|



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

Stamp area for bank certification

ADDRESS TO SEND THE PAYMENT STUB

Address lines for payment stub



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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*.

| | |
|-----------------------------|--|
| Do you require medical aid? | |
|-----------------------------|--|

SECTION 38: HOUSING

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

| | |
|--|--|
| If you have house, why are you applying for a housing benefit? | |
|--|--|

SECTION 39: 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 required | | | | | | | | |
| | | | R | | | | | | | | |

SECTION 4: 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-imbursesment 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.

(Faint, illegible text)

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

| Acknowledge Submission of Application Forms Administrators Information | |
|---|--|
| Surname | |
| Names | |
| DMV Office | |
| Contact Number | |
| Signature of Administrator | |
| Date of Receipt | |