



# military veterans

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

Private Bag X 943, Pretoria, 0001 328 Festival Street, Hatfield, Pretoria

Telephone: 012 765 9425/9408  
Mobile No: 076 870 1950/ 076 510 6307  
Email: [funerals.benefits@gmail.com](mailto:funerals.benefits@gmail.com)  
Enquiries: Mr N.N. Nemauluma  
Ms K. Mbatha

## TOMBSTONE APPLICATION

### STEPS TO BE FOLLOWED BY THE NEXT OF KIN/ RELATIVES OF A MILITARY VETERAN ON A TOMBSTONE APPLICATION

1. You are requested to forward the following documentation to the Department of Military Veterans as soon as possible by either email or personally to the listed email address.
  - a. Tombstone Support Application Form- Completed and signed
  - b. Clear certified copy of the deceased's ID
  - c. Certified Death Certificate
  - d. Clear certified ID copy of the claiming beneficiary
  - e. Quotation from the service provider
  - f. Affidavit appointing service provider
  - g. Families need to make sure that the appointed service provider is CSD registered (Central Supplier Database)

2. Document's required from the service provider before any commitment is made are as follows:

**N.B. Service provider must be on Central Supplier Database**

- CSD Report-Compliant to SARS
  - Bank account Verified on CSD
  - Invoice signed with Name of the company on the letterhead
  - Name of the Military Veteran (deceased) appearing on the invoice
  - In cases where tombstone is erected right after the funeral-reimbursement will apply
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- Proof of payment will needed
  - Bank statement showing the amount paid to the service provider's account
  - Picture of the erected on the grave
  - Families will only be reimbursed for the cost incurred



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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.*



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Telephone: (012) 765-9425, Cell Number : 076 870 1950.

## TOMBSTONE CHECK LIST.

- Payment Advice.
- Submission.
- CSD Report.
- Picture of the Tombstone.
- Original or Certified Copy of the Invoice.
- Affidavit from applicant confirming the appointment of service provider by the family.
- Data Base Confirmations.
- Death Certificate.
- Clear certified id copy of the Late Military Veteran.
- Clear certified id copy of the Applicant.
- Application to access Burial Support/Tombstones benefits.

Signed By: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /2023.

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

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

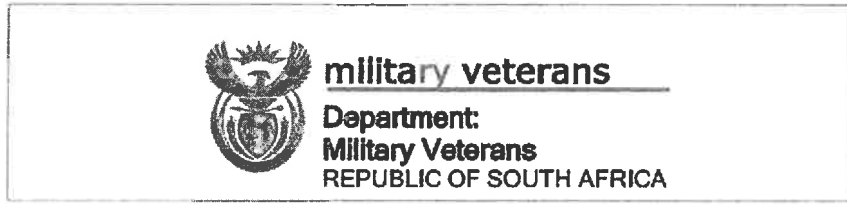
If you have house, why are you applying for a housing benefit?	
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**SECTION B9 | BURIAL SUPPORT**

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



**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

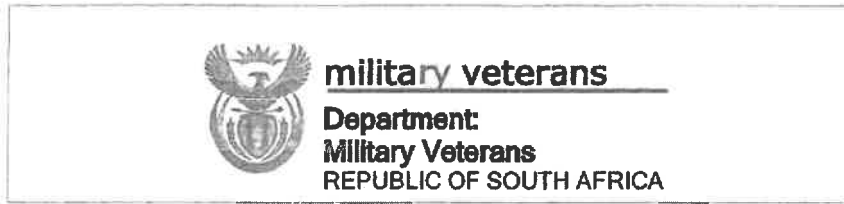
\_\_\_\_\_  
COMMISSIONER OF OATH (NAME)

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

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
DATE

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



**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.

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

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

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









**MILITARY VETERANS DATABASE**  
REPORTING THE PASSING OF A MILITARY VETERAN

**BARCODE:**  
**DMVF-**

- 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:	<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**