



MILITARY VETERANS DATABASE INFORMATION FORM CONFIDENTIAL WHEN COMPLETED

BARCODE: DMVF-

✓ - Where applicable

1.	MILITARY VETERAN F	PERSONAL INFORMATION:
	FORCE NUMBER:	IDENTITY NUMBER:
	SURNAME:	
	FULL NAMES:	
	TOLE WANTED.	
	GENDER:	Male Female RACE: A W C I O
		African, White, Coloured, Indian, Other (Specify)
	MARITAL STATUS:	Single Married Customary Marriage Divorced
		Separated Widow/er Life Partners
	FORMER FORCE:	MK SADF TDF VDF
		APLA SANDF BDF CDF
		AZANLA UDF (World War 2)
	TRANSPORT:	Own Vehicle Public Transport
	DRIVERS LICENCE:	Yes No Code:
	VETERAN:	Alive If the veteran is deceased, please supply the following info:
		Deceased Deceased
		Date of death: \[\begin{array}{c cccc} Y & Y & Y & M & M & D & D \end{array} \] Name of Cemetery:
		Town/City:
2.	MILITARY VETERAN'S	S CONTACT DETAIL: (If military veteran is deceased, supply contact detail of dependants)
	CURRENT	
	RESIDENTIAL ADDRESS:	
	(INCLUDE PROVINCE)	
	CURRENT POSTAL ADDRESS:	
	7.001.	
	TYPE OF HOUSING:	Informal Dwelling (Shack) Other
		Brick House Specify:
		Flat
	OWNERSHIP OF	Owner Boarding with people
	HOUSING:	Rented/Tennant Other
		Specify:
	CONTACT NUMBERS:	Home Phone:
		Work Phone:
		Home Fax:
		Work Fax: Cell:
		Alternative Cell:
		E-Mail:
3.	MILITARY VETERAN E	EDUCATION: (Attach information on additional pages if the number of courses exceeds the above allotted space)
	LAST SCHOOL: HIGHEST GRADE:	
	DATE OBTAINED:	Y Y Y M M D D
	DIPLOMA/DEGREE:	
	EDUCATIONAL	
	INSTITUTION: DATE OBTAINED:	Y Y Y M M D D
	COURSE/SKILL:	
	EDUCATIONAL	
	INSTITUTION: DATE OBTAINED:	Y Y Y M M D D
	DATE OBTAINED.	





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. MILIT	4. <u>MILITARY VETERAN'S FURTHER EDUCATION/SKILL TRAINING REQUIREMENT</u> :								
Do yo	ou require further e	ducation or	skill trainin	g?					
SCHO	OOLING:	Yes		No					
_	_TRAINING:	Yes		No					
	What Education or Skill Training would you like to receive? Put in order of preference								
1)									
3)									
4)									
5)									
. MILI7	MILITARY VETERAN'S EMPLOYMENT STATUS:								
	OYED BY COMPAN			Name of Emp	loyer:				
UNEM	/IPLOYED			·					
	SIONER								
SELF	EMPLOYED			Business Nan					
				Registration N	Number:				
SHOR	T COMPANY PROF	FILE:							
		-							
				•					
		-		•					
. MILIT	TARY VETERAN'S	S MEDICA	L INFORM	ATION:					
	TH STATUS:								
CHRC	ONIC ILLNESSES								
YOU	SUFFER FROM:								
	BILITY YOU								
SUFF	ER FROM:								
IS YO	UR DISABILITY AS	A RESULT	OF INJURY	ON MILITARY	DUTY?	Yes	No		
DO Y	OU RECEIVE A MIL	ITARY PEN	SION FOR Y	OUR DISABILI	TY?	Yes	No		
DID Y	OU RECEIVE COM	PENSATION	I AS A RESI	ULT OF YOUR I	INJURY?	Yes	No		
	ICULARS OF								
INJUR	RY ON DUTY:								
REM <i>A</i>	ARKS:								
DO Y	DO YOU UTILISE MILITARY HEALTH FACILITIES?				Yes	No			
	HOW DO YOU PAY FOR MEDICAL EXPENSES?								
	TARY VETERAN'S				N/DENSION				
						Yes	No		
	DID YOU RECEIVE A LUMP SUM IN RESPECT OF NSF LONG SERVICE?					100			
	ARE YOU IN RECEIPT OF ONE OR MORE OF THE FOLLOWING?								
	War Veterans' Grant (World War 2 Veterans)				\vdash				
	Special Pension Civil Pension				H				
	Social Grant					Specify			
. <u>MILI</u> T	MILITARY VETERANS' ORGANISATIONS YOU ARE A MEMBER OF:								
	NAME	OF MILILIT	ARY VETER	ANS ASSOCIA	TION/ORGA	NISATION		MEMB Y Y Y	ERSHIP DATE Y M M D D
								 	1 W W D D





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WHAT ARE VOUR !!	
WHAT ARE YOUR HO	BBIES/INTERESTS:
DEPENDANTS : (Attach	additional pages if number of dependants exceed allotted space)
ARE YOUR DEPENDANT	S COVERED MEDICALLY? YES NO
SPOUSE/LIFE PARTN	IER:
GENDER:	
FULL NAMES:	MALE FEMALE
SURNAME:	
ID NUMBER:	
CHILDREN:	
Child 1:	
GENDER:	MALE FEMALE
FULL NAMES:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SURNAME:	
ID NUMBER:	
EDUCATION:	
Primary/Secondary/Tertiary (ENTER P ; S OR T) Study Direction/Course (Tertiary students)	Highest Grade/Level Passed Does your child need a bursary
Child 2:	<u></u>
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	<u> </u>
ID NUMBER: EDUCATION:	
Primary/Secondary/Tertiary (ENTER P ; S OR T)	Highest Grade/Level Date Passed Does your child need a bursary
Study Direction/Course (Tertiary students)	·
Child 3:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	

NOTES FOR YOUR INFORMATION:

- 1. This is not an application for any Military Veterans' Benefits. Please contact relevant Departments with such enquiries.
- 2. This form is utilised for the following:
 - To verify bona fide military veterans and to register them on the military veterans' database.
 - b. To collect data iro the situation military veterans are finding themselves in to negotiate appropriate projects etc. for military veterans
- 3. This form is to be completed **only** by South African **Military Veterans** or his/her **surviving Spouse and/or Children**.
- 4. Not to be completed by serving members of the SA National Defence Force (SANDF) Permanent Force & Reserve Force.





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- No fees are payable to obtain or submit this form. The form is supplied free of charge by the Department of Military Veterans. Please report any irregularities to the Department of Military Veterans asap.
- 6. Certified copies (not older than 3 months) of required documents must be attached to the completed form.

IT IS A CRIMINAL OFFENCE TO COMPLETE FALSE INFORMATION ON THE REGISTRATION FORM AND ANY PERSON FAILING TO PROVIDE TRUE INFORMATION MAY BE FOUND GUILTY OF A CRIMINAL OFFENCE OR MAY BE LIABLE TO A FINE.					
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				

FOR OFFICE USE ONLY:

COMPILER:	DATA CA	APTURER:	CHECKER		
NO: RANK: INITIALS & SURNAME:	NO: RANK:		NO: RANK: INITIALS & SURNAME:		
VENUE/UNIT WHERE FORM WAS COMPLETED:	I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:		I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:		
	YES	NO	YES	NO	
DATE:	DATE:		DATE:		
SIGNATURE:	SIGNATURE:		SIGNATURE:		