

MILITARY VETERANS DATABASE INFORMATION FORM

CONFIDENTIAL WHEN COMPLETED

BARCODE:
DMVF-

☒ - Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER:		IDENTITY NUMBER:	
SURNAME:			
FULL NAMES:			
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female RACE: A W C I O		
	African, White, Coloured, Indian, Other (Specify)		
MARITAL STATUS:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Customary Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Life Partners		
FORMER FORCE:	<input type="checkbox"/> MK <input type="checkbox"/> SADF <input type="checkbox"/> TDF <input type="checkbox"/> VDF <input type="checkbox"/> APLA <input type="checkbox"/> SANDF <input type="checkbox"/> BDF <input type="checkbox"/> CDF <input type="checkbox"/> AZANLA <input type="checkbox"/> UDF (World War 2)		
TRANSPORT:	<input type="checkbox"/> Own Vehicle <input type="checkbox"/> Public Transport		
DRIVERS LICENCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No Code: _____		
VETERAN:	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <i>If the veteran is deceased, please supply the following info:</i>		
	Date of death: Y Y Y Y M M D D		
	Name of Cemetery: _____		
	Town/City: _____		

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:	<input type="checkbox"/> Informal Dwelling (Shack) <input type="checkbox"/> Other <input type="checkbox"/> Brick House Specify: _____ <input type="checkbox"/> Flat														
OWNERSHIP OF HOUSING:	<input type="checkbox"/> Owner <input type="checkbox"/> Boarding with people <input type="checkbox"/> Rented/Tenant <input type="checkbox"/> Other Specify: _____														
CONTACT NUMBERS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Home Phone:</td><td></td></tr> <tr><td>Work Phone:</td><td></td></tr> <tr><td>Home Fax:</td><td></td></tr> <tr><td>Work Fax:</td><td></td></tr> <tr><td>Cell:</td><td></td></tr> <tr><td>Alternative Cell:</td><td></td></tr> <tr><td>E-Mail:</td><td></td></tr> </table>	Home Phone:		Work Phone:		Home Fax:		Work Fax:		Cell:		Alternative Cell:		E-Mail:	
Home Phone:															
Work Phone:															
Home Fax:															
Work Fax:															
Cell:															
Alternative Cell:															
E-Mail:															

3. MILITARY VETERAN 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 Y M M D D
DIPLOMA/DEGREE:	
EDUCATIONAL INSTITUTION:	
DATE OBTAINED:	Y Y Y Y M M D D
COURSE/SKILL:	
EDUCATIONAL INSTITUTION:	
DATE OBTAINED:	Y Y Y Y M M D D

☒ - Where applicable

4. MILITARY VETERAN'S FURTHER EDUCATION/SKILL TRAINING REQUIREMENT:

Do you require further education or skill training?

SCHOOLING: ☐ Yes ☐ No
SKILL TRAINING: ☐ Yes ☐ No

What Education or Skill Training would you like to receive? Put in order of preference

1)
2)
3)
4)
5)

5. MILITARY VETERAN'S EMPLOYMENT STATUS:

EMPLOYED BY COMPANY ☐ Name of Employer: _____
UNEMPLOYED ☐
PENSIONER ☐
SELF EMPLOYED ☐ Business Name: _____
Registration Number: _____

SHORT COMPANY PROFILE:

6. MILITARY VETERAN'S MEDICAL INFORMATION:

HEALTH STATUS: _____

CHRONIC ILLNESSES YOU SUFFER FROM:

DISABILITY YOU SUFFER FROM:

IS YOUR DISABILITY AS A RESULT OF INJURY ON MILITARY DUTY? ☐ Yes ☐ No

DO YOU RECEIVE A MILITARY PENSION FOR YOUR DISABILITY? ☐ Yes ☐ No

DID YOU RECEIVE COMPENSATION AS A RESULT OF YOUR INJURY? ☐ Yes ☐ No

PARTICULARS OF INJURY ON DUTY:

REMARKS:

DO YOU UTILISE MILITARY HEALTH FACILITIES? ☐ Yes ☐ No

HOW DO YOU PAY FOR MEDICAL EXPENSES? _____

7. MILITARY VETERAN'S GOVERNMENT COMPENSATION/PENSION:

DID YOU RECEIVE A LUMP SUM IN RESPECT OF NSF LONG SERVICE? ☐ Yes ☐ No

ARE YOU IN RECEIPT OF ONE OR MORE OF THE FOLLOWING?

War Veterans' Grant (World War 2 Veterans)	<input type="checkbox"/>
Special Pension	<input type="checkbox"/>
Civil Pension	<input type="checkbox"/>
Other Social Grant	<input type="checkbox"/> Specify _____

8. MILITARY VETERANS' ORGANISATIONS YOU ARE A MEMBER OF:

NAME OF MILITARY VETERANS ASSOCIATION/ORGANISATION	MEMBERSHIP DATE							
	Y	Y	Y	Y	M	M	D	D

☒ - Where applicable

6. **Certified copies of the following documentation must be attached** to the completed form:
- Veteran's RSA Identity Document (If veteran is deceased, his/her Death Certificate).
 - Veteran's Marriage Certificate.
 - Spouse's ID and Children's Birth Certificates/ID Documents.
 - Certificate of Service (If you do not have a Force Number/CPR Number).
 - Educational Qualifications.
 - Drivers License.
 - Homeowners - deed of Trust of your home.
 - Proof of Residence.
 - Proof of Registration and Tax Clearance Certificate of your Business.

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 CAPTURER:	CHECKER
NO: _____ RANK: _____ INITIALS & SURNAME:	NO: _____ RANK: _____ INITIALS & SURNAME:	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:

REGISTER SERIAL NUMBER: _____