

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:	
	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
		Date of death: Y Y Y M M D D
		Name of Cemetery:
		Town/City:
2.		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
	TIOGOINTO.	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
	EDUCATIONAL INSTITUTION:	
	DATE OBTAINED:	Y Y Y M M D D



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	Yes	No				
SKILL TRAINING:	Yes	No				
	Training would you	like to receive? Put in order of pro	eference			
1)						
2)						
3)						
4) 5)						
0)						
MILITARY VETERAL	N'S EMPLOYMEN	IT STATUS:				
EMPLOYED BY COMP	ANY	Name of Employer:				
UNEMPLOYED						
PENSIONER						
SELF EMPLOYED		Business Name:				
		Registration Number:				
SHORT COMPANY PRO	OFILE:		·			
	-					
MILITARY VETERAL	N'S MEDICAL INF	FORMATION:				
HEALTH STATUS:						
CHRONIC ILLNESSES						
YOU SUFFER FROM:						
DISABILITY YOU						
SUFFER FROM:						
IO VOLID DIO A DIL ITV	AS A DESIII T OF IN	NJURY ON MILITARY DUTY?		□ No		
IS YOUR DISABILITY A			1 1 4 4 5			
			Yes	No No		
DO YOU RECEIVE A M	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M	IILITARY PENSION			<u> </u>		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY:	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY:	IILITARY PENSION	FOR YOUR DISABILITY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY:	MPENSATION AS A	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY?	Yes	No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILIT	IILITARY PENSION MPENSATION AS A	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES?	Yes Yes	No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO	TARY HEALTH FAC	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES?	Yes Yes Yes	No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO	TARY HEALTH FAC	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES?	Yes Yes Yes	No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO	TARY HEALTH FAC	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES?	Yes Yes Yes Yes	No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L	TARY HEALTH FACTOR MEDICAL EXPENSION OF MEDICAL EXP	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT	TARY HEALTH FACTOR MEDICAL EXPENSION OF ONE OR MORE	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT War Veterans' Grant (W	TARY HEALTH FACTOR MEDICAL EXPENSION OF ONE OR MORE	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILL! HOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT War Veterans' Grant (W Special Pension	TARY HEALTH FACTOR MEDICAL EXPENSION OF ONE OR MORE	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILI' HOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT War Veterans' Grant (W Special Pension Civil Pension	TARY HEALTH FACTOR MEDICAL EXPENSION OF ONE OR MORE	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILITHOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT War Veterans' Grant (W	TARY HEALTH FACTOR MEDICAL EXPENSION OF ONE OR MORE	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes	No No No		
DO YOU RECEIVE A M DID YOU RECEIVE CO PARTICULARS OF INJURY ON DUTY: REMARKS: DO YOU UTILISE MILI' HOW DO YOU PAY FO MILITARY VETERAL DID YOU RECEIVE A L ARE YOU IN RECEIPT War Veterans' Grant (W Special Pension Civil Pension Other Social Grant	TARY HEALTH FACE OF MEDICAL EXPENSION OF ONE OR MORE OF ONE OR MORE OF OTHER WAY OF ONE OR MORE OF OT OR MORE OF OR MORE OF OT	FOR YOUR DISABILITY? A RESULT OF YOUR INJURY? CILITIES? NSES? NT COMPENSATION/PENSION PECT OF NSF LONG SERVICE?	Yes Yes Yes Yes Yes Specify	No No No		



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WHAT ARE YOUR HO	DBBIES/INTERESTS:
DEPENDANTS : (Attack	n additional pages if number of dependants exceed allotted space)
ARE YOUR DEPENDANT	TS COVERED MEDICALLY? YES NO
SPOUSE/LIFE PARTN	VER:
GENDER:	MALE FEMALE
FULL NAMES:	WALE FEWALE
SURNAME:	
ID NUMBER:	
CHILDREN:	
Child 1:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
EDUCATION:	
Primary/Secondary/Tertiary (ENTER P ; S OR T)	Highest Grade/Level Passed Does your child need a bursary Y
Study Direction/Course (Tertiary students)	r asseu
Child 2:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
EDUCATION: Primary/Secondary/Tertiary	Highest Grade/Level Data Record Decay your shild pood a burgary V
(ENTER P ; S OR T) Study Direction/Course (Tertiary students)	Passed Date Passed Does your child need a bursary Y
Child 3:	
GENDER:	MALE FEMALE
FULL NAMES:	
SURNAME:	
ID NUMBER:	
EDUCATION (INDICATE	THE EDUCATIONAL INSTITUTION YOUR CHILD IS CURRENTLY ATTENDING):

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:
 - a. To verify bona fide military veterans and to register them on the military veterans' database.
 - 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.
- 5. **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.



REGISTER SERIAL NUMBER:

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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).
- b. Veteran's Marriage Certificate.
- c. Spouse's ID and Children's Birth Certificates/ID Documents.
- d. Certificate of Service (If you do not have a Force Number/CPR Number).
- e. Educational Qualifications.
- f. Drivers License.
- g. Homeowners deed of Trust of your home.
- h. Proof of Residence.
- i. Proof of Registration and Tax Clearance Certificate of your Business.

TRUE INFORMATION MAY BE FOUND GUILTY	OF A CRIMINAL OFFEN	CE OR MAY BE LIABLE T	O A FINE.			
I DECLARE THAT ALL THE INFORMATION PROMY KNOWLEDGE, AND THAT THE INFORMATI			COMPLETE AND CORRE	ECT TO THE BEST OF		
MILITARY VETERAN/DEPENDANT SIGNATURE	E	DATE				
FOR OFFICE USE ONLY:						
COMPILER:	DATA CA	APTURER:	CHECKER			
NO:	NO:		NO:			
RANK:	RANK:		RANK:			
INITIALS & SURNAME:	INITIALS & SURNAME:		INITIALS & SURNAME:			
VENUE/UNIT WHERE FORM WAS COMPLETED:	I CONFIRM THAT DATA C AND MIRRORS DATA PRO VETERANS' REGISTRATION	OVIDED IN THE MILITARY	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:			

IT IS A CRIMINAL OFFENCE TO COMPLETE FALSE INFORMATION ON THE REGISTRATION FORM AND ANY PERSON FAILING TO PROVIDE