APPLICATION FOR ACCESSING BENEFITS AS ARTICULATED IN SECTION 5(1) OF THE MILITARY VETERANS ACT 18 OF 2011

(Form BR-01)

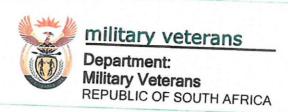
Note: Applicants must consult the document: A Guide for Completing the Application for Accessing Benefits.

SECTION B8 | BURIAL SUPPORT

Name of the deceased					
Liquidation and Distribution number					
Are you applying for a	Yes	No	If yes, indicate the amount incurred		
reimbursement of ourial costs			R		

SECTION C | DOCUMENTS REQUIRED

- 1. Identity document
- 2. Proof of residence
- 3. Proof of registration on the database(Force Number or DMV Barcode where this has been issued after verification)
- 4. Medical report if applying for compensation
- 5. Proof of spousal/dependant relationship(Affidavit/ Marriage Certificate)
- 6. Proof of income or affidavit as proof of unemployment
- 7. Proof of registration in the relevant institution if applying for education support
- 8. Proof of registration in the relevant institution, Name or course, course level, quotation for the course, full contract details of the institution (including name of institution, name of administrator, telephone numbers and email address) if
- 9. CV if applying for Facilitation of employment
- 10. Outstanding mortgage loan if applying for a house benefit
- 11. Death certificate, burial order, copy of deceased ID, copy of spouse details as in 4. above, banking details of person claiming burial support benefit, proof of relationship if the person claiming burial support benefit is not the spouse of the deceased (affidavit), proof of income or employment as per 6 above, name and contract details as well as full banking details of the funeral undertakes if applying for support prior to funeral, quotation from funeral undertakers
- 12. Demobilisation records, certificated personnel register or services certificate if applying for burial support and the deceased is not registered on the database
- 13. Actual burial costs, death certificate, burial order, copy of deceased ID, copy of spouse details as per 4. above, banking details of person claiming burial benefit the spouse of the deceased (affidavit), proof of income or unemployment as per 6. above, if applying for re-imbursement
- 14. Identity card issued by the Department



AFFIDAVIT

I am the applicant whose names appear in this applicat	ion form;
	my personal knowledge, unless stated otherwise and are
DEPONENT SIGNATURE	IDENTITY NUMBER
DATE	
I certify that before administering the oath / affirmatio his/her answers in his/her presence:	n, I asked the deponent the following and wrote down
Do you know and understand the content of the declarati	on?
Answer	
Do you have any objection in taking the prescribed oath? Answer	
Do you consider the prescribed oath to be binding on your Answer	
I certify that the deponent has acknowledged that he/she which was signed and affirmed before me at 2014	
COMMISSIONER OF OATH (NAME)	

SECTION B: RECEIPT OF APPLICATION



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 <u>in</u> relation to your application or process, please contact the nearest DMV office.

To be completed by the office administrator:

Applicant's Information Surname	
Full Names	
Title	
dentity	
ignature of Applicant	
ate of Submission	

Administrator's Information Surname	经验证据证据
Names	
DMV Office	
Contact Number	
ignature of Administrator	
Pate of Receipt	

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