

**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 reimbursement of burial costs	Yes	No	If yes, indicate the amount incurred																		
			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 applying for Skills Development Support
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 support, proof of relationship if the person claiming burial support benefit is not the spouse of the deceased (affidavit), proof of income or unemployment as per 6. above, if applying for re-imburement
14. Identity card issued by the Department





**military veterans**

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

**AFFIDAVIT**

I, the undersigned (Full Names) \_\_\_\_\_

I 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 \_\_\_\_\_ 2014

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

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

SECTION B: RECEIPT OF APPLICATION



**military veterans**

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

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.

To be completed by the office administrator:

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

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

TEAR OFF THIS PAGE AND PROVIDE TO APPLICANT