

ADDITIONAL DEPENDANTS

ATTACH TO ORIGINAL MILITARY VETERANS' REGISTRATION FORM IF THE NUMBER OF DEPENDANTS EXCEED SPACE ON MAIN FORM

1.	MILITARY VETERAN	PERSONAL INFORMATION:
	FORCE NUMBER:	IDENTITY NUMBER:
	SURNAME & INITIALS:	
2.		NDANTS (IF IT DIFFERS TO THAT ON THE MAIN FORM)
2.	RESIDENTIAL	
	ADDRESS:	
	(INCLUDE PROVINCE)	
	CONTACT NUMBERS:	Home Phone:
		Cell:
		Alternative Cell:
3.	DEPENDANTS:	
	ARE MILITARY VETERA	ANS' DEPENDANTS COVERED MEDICALLY?
	SPOUSE/LIFE PARTI	NER:
	GENDER:	MALE FEMALE
	FULL NAMES:	
	SURNAME:	
	ID NUMBER:	
	CHILDREN:	
	Child 1:	
	GENDER:	MALE FEMALE
	FULL NAMES:	
	SURNAME: ID NUMBER:	
	EDUCATION:	
	Primary/Secondary/Tertiary	Highest Grade/Level
	(ENTER P; S OR T)	Passed Date Passed Does your child need a bursary Y
	Study Direction/Course (Tertiary students)	
	Child 2:	
	GENDER:	MALE FEMALE
	FULL NAMES:	
	SURNAME:	
	ID NUMBER: EDUCATION:	
	Primary/Secondary/Tertiary	Highest Grade/Level Doto Docod
	(ENTER P ; S OR T) Study Direction/Course	Passed Date Passed Does your child need a bursary Y
	(Tertiary students)	
	Child 3:	
	GENDER:	MALE FEMALE
	FULL NAMES:	
	SURNAME:	
	ID NUMBER:	
	Primary/Secondary/Tertiary	Highest Grade/Level Date Passed Does your child need a bursary Y N
	(ENTER P ; S OR T) Study Direction/Course	Passed
	(Tertiary students)	

I DECLARE THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE INFORMATION IS SUPPLIED VOLUNTARILY

MILITARY VETERAN/DEPENDANT
Date:

DMV OFFICIAL + PROVINCE

Date:

REGISTER SERIAL NUMBER:

THIS FORM IS SUPPLIED FREE OF CHARGE BY THE DEPARTMENT OF MILITARY VETERANS AND IS NOT FOR SALE