MILITARY VETERANS
APPEAL BOARD
Established by section 19 of the Military Veterans Act No. 18 of 2011

CONSENT FORM

I, the undersigned_____ (Full names and surname) with

Identity Number_____ hereby declare, agree and undertake the following towards the Appeal Board (Hereinafter 'the AB'):

1. I the undersigned, acknowledge that the AB wishes to assist me regarding my appeal application for Compensation.

2. I hereby give consent to the AB and/or such other person or entity the AB may designate, the absolute right and permission to gain access to my medical file/ Reports and/or any documentation required in relation to the above mentioned matter.

3. I also acknowledge that the AB is committed to protecting and promoting the privacy of my Personal Information and any other individuals or organisation and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI').

4. The AB acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive.

5. I herewith defend, indemnify and hold harmless the AB from any action or claim of any nature whatsoever that might be brought by any person whatsoever against the AB as a result of any personal loss, injury or damage arising directly or indirectly from any act or omission on my part relating to or incidental to the failure from my part to honour the above provisions, or otherwise, as the case may be.

6. I acknowledge and agree that I have read this consent form in its entirety and that I fully understand the nature, content and implications hereof and agree hereto, and that I shall be fully bound hereto from date of signature hereof.

Signed at _____ on this _____day of _____ 20_____

_____

Print Name and Surname (Signature)