



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

READ THIS PAGE BEFORE COMPLETING THE ATTACHED MILITARY VETERANS' CONDENSED REGISTRATION FORM

- This is not an application for any Military Veterans' Projects** (Housing, Compensation, Employment etc). Please contact relevant institutions with such enquiries.
- This form is utilised for the following:**
 - 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
- This form is to be completed **only** by South African **Military Veterans** or his/her **surviving Spouse and/or Children**.
- Not to be completed by serving members of the SA National Defence Force (SANDF)** – Permanent Force & Reserve Force.
- 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.
- You are welcome to remove this page from the Military Veterans' Registration Form and to keep it for your own reference.

THIS FORM WILL NOT BE ACCEPTED BY THE DMV IF THE NAME IN REGISTER DOES NOT CORRESPOND WITH THE NAME ON THIS REGISTRATION FORM AND ALSO IF ID DOCUMENT OF MILITARY VETERAN IS NOT ATTACHED.

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

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER: **IDENTITY NUMBER:**
IF FORCE NUMBER IS NOT KNOWN, ONLY SUPPLY ID NUMBER

SURNAME:
FULL NAMES:

GENDER: MALE FEMALE **RACE:**
AFRICAN, WHITE, COLOURED, INDIAN, OTHER (SPECIFY)

MARITAL STATUS: SINGLE MARRIED DIVORCED CUSTOMARY MARRIAGE
 SEPARATED WIDOW/ER LIFE PARTNERS

FORMER FORCE: MK SADF TDF VDF
 APLA SANDF BDF CDF
 AZANLA UDF (WORLD WAR 2)

DRIVERS LICENCE: YES NO **CODE:**

2. MILITARY VETERAN'S CONTACT DETAIL: (If military veteran is deceased, supply contact detail of dependants)

CURRENT RESIDENTIAL ADDRESS: (INCLUDE PROVINCE)

CURRENT POSTAL ADDRESS:

CONTACT NUMBERS:

HOME TEL:	<input type="text"/>
WORK TEL:	<input type="text"/>
HOME FAX:	<input type="text"/>
WORK FAX:	<input type="text"/>
CELLULAR:	<input type="text"/>
E-MAIL:	<input type="text"/>

3. DEPENDANTS:

No of Spouses No of Children

SPOUSE/LIFE PARTNER:

GENDER: MALE FEMALE

FULL NAMES:
SURNAME:

DATE OF BIRTH: Y Y Y Y M M D D

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MILITARY VETERANS' REGISTRATION FORM

CONFIDENTIAL WHEN COMPLETED

FORM SERIAL NO:

4. MILITARY VETERAN EDUCATION:

LAST SCHOOL:

HIGHEST GRADE:

DIPLOMA/DEGREE:

EDUCATIONAL INSTITUTION:

OTHER COURSE:

EDUCATIONAL INSTITUTION:

(Attach information on additional pages if the number of courses exceeds the above allotted space)

5. MILITARY HISTORY: (*Only to be completed by member of the former NSF who did not integrate/demobilise)

*PARTICULARS OF SERVICE/SHORT BIOGRAPHY:

6. MILITARY VETERANS' ORGANISATIONS YOU ARE A MEMBER OF:

NAME OF MILITARY VETERANS ASSOCIATION/ORGANISATION	MEMBERSHIP DATE							
	Y	Y	Y	Y	M	M	D	D

7. MILITARY VETERAN'S CURRENT EMPLOYMENT STATUS:

EMPLOYED BY COMPANY

NAME OF EMPLOYER: _____

SELF EMPLOYED

TYPE OF BUSINESS: _____

UNEMPLOYED

PENSIONER

8. MILITARY VETERAN'S MEDICAL INFORMATION:

HEALTH STATUS:

DISABILITY YOU SUFFER FROM:

IS YOUR DISABILITY AS A RESULT OF INJURY ON MILITARY DUTY? YES NO

DO YOU RECEIVE A MILITARY PENSION FOR YOUR DISABILITY? YES NO

PARTICULARS OF INJURY ON DUTY:

9. MILITARY VETERAN'S GOVERNMENT COMPENSATION/PENSION:

ARE YOU IN RECEIPT OF GOVERNMENT COMPENSATION/PENSION

WAR VETERANS' GRANT (World War 2 Veterans)

MILITARY PENSION

SPECIAL PENSION

CIVIL PENSION

OTHER SOCIAL GRANT

I DECLARE THAT ALL THE INFORMATION PROVIDED (INCLUDING ANY ATTACHMENTS) ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE INFORMATION IS SUPPLIED VOLUNTARILY

INITIALS AND SURNAME OF PERSON WHO COMPLETED THIS FORM:

RELATIONSHIP TO MILITARY VETERAN:

MILITARY VETERAN/DEPENDANT SIGNATURE

DATE