



**military veterans**

Department:  
Military Veterans  
REPUBLIC OF SOUTH AFRICA

**APPLICATION FORM: S51D**

PRIVATE BAG X943 PRETORIA 0001; 328 FESTIVAL STREET HATFIELD PRETORIA 0083

## APPLICATION FORM 2017: *BASIC EDUCATION*

TO BE COMPLETED BY MILITARY VETERAN OR DEPENDANT APPLYING FOR  
EDUCATION SUPPORT (TERTIARY)  
SECTION 5 (1) (d) MILITARY VETERANS ACT 18 (2011)

***NB: This Application form must be completed in full, failure to do so will result in disqualification of the application***

### PART 1: PERSONAL DETAILS OF MILITARY VETERAN

1.1	Surname					
1.2	Full name					
1.3	Title					
1.4	Marital Status					
1.5	Identity Number					
1.6	Force number:					
1.7	Contact (Cell) Mil Vet/ Guardian					
1.8	Former Force:					
1.9	Physical Address					
		Post Code:				
1.10	Postal Address					
		Post Code:				
1.11	Province :					
1.12	Confirmation of education support: (Mark X to Confirm)	BASIC EDUCATION <input type="checkbox"/>				
1.13	Full names and surname of Learner <i>(One application form per dependant)</i>					
1.14	Are you as a Military Veteran, employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
1.15	Gross income range per month: Mark (X)	R3,000 - R5,000	R5,001 - R10,000	R10,001 - R20,000	R20,001 - R30,000	+R30,001

## PART 2: ADDITIONAL INFORMATION

2.1	Is this application is for:	Veteran	<input type="checkbox"/>	Dependant	<input type="checkbox"/>
	ID No of Learner:	<input type="text"/>			
2.2	Full names and surname of Applicant:	<input type="text"/>			
2.3	Relationship of applicant/learner to Military Veteran	<input type="text"/>			
2.4	Is the <b>Military Veteran</b> registered on the National Military Veteran Database? (On date of this application)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Is the <b>dependant</b> registered on the National Military Veterans Database? (On the date of this application)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Has applicant been awarded with a bursary from DMV before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Indicate the Grade to attend in 2017	(GR: 1 - 12)			
2.8	When is the learner expected to complete Basic Education? (Year)	<input type="text"/>			
2.9	Name of the School to attend in 2017	<input type="text"/>			
2.10	State if it is a Public or Private School	<input type="text"/>			
<b>Details of Educational Institution</b>					
2.11	Name of the contact person at the institution	<input type="text"/>			
2.12	Address of the education institution	<input type="text"/>			
		Post code:		<input type="text"/>	
2.13	<b>Institution's contact details</b>				
	Financial Contact person:	<input type="text"/>			
		<b>Tel:</b>			
		<b>Fax:</b>			
		<b>Email address:</b>			

## PART 3: REQUIRED DOCUMENTS

Please attach the following documents:

### Certified copies of:

- Military Veteran's identity document/Death certificate if veteran is deceased.
- Applicant's identity document/ Birth certificate
- ID of parent/Guardian if applicant is not a Military Veteran.
- Latest school report
- Military Veteran /Guardian proof of employment and income — Latest salary advice.
- Military Veteran /Guardian 3 months bank statements.(Recent)
- If unemployed an affidavit stating the Military veteran /Guardian employment status.
- If dependant's surname is different to the military veteran, an affidavit stating the reasons.
- Letter of Acceptance at the institution.
- Proof of Residence

### GUIDELINES

- Applications for **2017**

- Closing date for **2017** Applications is on **23 December 2016** at **12:00**.  
(No late applications will be accepted)
- Only One Application per applicant to be submitted.
- Complete an application form for each dependant. (If more than one)
- **Only registered Military Veteran Dependants will be considered for Basic education support.**
- **NB: DMV Basic Education support is applicable to children from grade 1 until grade 12**
- **NB: Only fully completed application forms will be accepted. Incomplete applications will be disqualified. (E.g. Information omitted or supporting documents not attached)**

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION

I, the undersigned (Full Names) \_\_\_\_\_ ( Parent/ Guardian)

1. I am the applicant/veteran whose names appear in this application form;
2. The completed content of the said application form falls within my personal knowledge, unless stated otherwise and are both true and correct;

\_\_\_\_\_  
DEPONENT SIGNATURE

\_\_\_\_\_  
DATE

***NB: This Application form must be completed in full, failure to do so will result in disqualification of the application***

### OFFICIAL USE ONLY

Copy of Military Veteran ID or death certificate Attached/Not Attached	Copy of Applicant ID/Birth Certificate Attached/Not Attached	Affidavit clarity on child surname Attached/Not Attached	Proof of Residence Attached/Not Attached	Latest 3 months Bank statements Attached/Not Attached
Proof of employment/ Affidavit if unemployed Attached/Not Attached	Proof of Income Attached/Not Attached	Latest School Report Attached/Not Attached	Letter of acceptance into educational institution Attached/Not Attached	

**APPLICATION RECEIVED**

**AND CHECKED BY:** \_\_\_\_\_ (NAME IN PRINT)

\_\_\_\_\_ (SIGNATURE)

**DATE APPLICATION RECEIVED:** \_\_\_\_\_

(DD/MM/YYYY)