

- Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER: **IDENTITY NUMBER:**

SURNAME:

FULL NAMES:

GENDER: Male Female **RACE:**
African, White, Coloured, Indian, Other (Specify)

MARITAL STATUS: Single Married Customary Marriage Divorced
 Separated Widow/er Life Partners

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

TRANSPORT: Own Vehicle Public Transport

DRIVERS LICENCE: Yes No Code:

VETERAN: Alive Deceased
If the veteran is deceased, please supply the following info:
Date of death:
Name of Cemetery:
Town/City:

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

CURRENT RESIDENTIAL ADDRESS: (INCLUDE PROVINCE)

CURRENT POSTAL ADDRESS:

TYPE OF HOUSING: Informal Dwelling (Shack) Other
 Brick House Specify:
 Flat

OWNERSHIP OF HOUSING: Owner Boarding with people
 Rented/Tenant Other
Specify:

CONTACT NUMBERS:

Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
Home Fax:	<input type="text"/>
Work Fax:	<input type="text"/>
Cell:	<input type="text"/>
Alternative Cell:	<input type="text"/>
E-Mail:	<input type="text"/>

3. MILITARY VETERAN EDUCATION: *(Attach information on additional pages if the number of courses exceeds the above allotted space)*

LAST SCHOOL:
HIGHEST GRADE:

DATE OBTAINED:

DIPLOMA/DEGREE:
EDUCATIONAL INSTITUTION:

DATE OBTAINED:

COURSE/SKILL:
EDUCATIONAL INSTITUTION:

DATE OBTAINED:

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6. **Certified copies of the following documentation must be attached** to the completed form:
- a. Veteran's RSA Identity Document (If veteran is deceased, his/her Death Certificate).
 - b. Veteran's Marriage Certificate.
 - c. Spouse's ID and Children's Birth Certificates/ID Documents.
 - d. Certificate of Service (If you do not have a Force Number/CPR Number).
 - e. Educational Qualifications.
 - f. Drivers License.
 - g. Homeowners - deed of Trust of your home.
 - h. Proof of Residence.
 - i. Proof of Registration and Tax Clearance Certificate of your Business.

IT IS A CRIMINAL OFFENCE TO COMPLETE FALSE INFORMATION ON THE REGISTRATION FORM AND ANY PERSON FAILING TO PROVIDE TRUE INFORMATION MAY BE FOUND GUILTY OF A CRIMINAL OFFENCE OR MAY BE LIABLE TO A FINE.

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.

MILITARY VETERAN/DEPENDANT SIGNATURE

DATE

FOR OFFICE USE ONLY:

COMPILER:	DATA CAPTURER:	CHECKER
NO: _____ RANK: _____ INITIALS & SURNAME:	NO: _____ RANK: _____ INITIALS & SURNAME:	NO: _____ RANK: _____ INITIALS & SURNAME:
VENUE/UNIT WHERE FORM WAS COMPLETED:	I CONFIRM THAT DATA CAPTURED IS ACCURATE AND MIRRORS DATA PROVIDED IN THE MILITARY VETERANS' REGISTRATION FORM:	
	YES	NO
DATE:	DATE:	DATE:
SIGNATURE:	SIGNATURE:	SIGNATURE:

REGISTER SERIAL NUMBER: _____