

APPLICATION FOR ACCESSING BENEFITS AS ARTICULATED  
IN SECTION 5(1) OF THE MILITARY VETERANS ACT 18 OF  
2011

*(Form MVBR-01)*



Note: Applicants must consult the document: *A Guide for Completing the Application for Accessing Benefits.*



**SECTION B1 | COMPENSATION FOR INJURY TRAUMA AND DISEASE ADMINISTERED IN TERMS MILITARY PENSIONS ACT 84 OF 1976**

Are you receiving compensation?	Yes	No	If yes, indicate the period from when compensation was received
	<input type="checkbox"/>	<input type="checkbox"/>	

Have you applied for compensation?	Yes	No	If yes, where and when did you apply?
	<input type="checkbox"/>	<input type="checkbox"/>	

Where was the injury treated	

Is there any information that you would like to share to strengthen your application?	

**SECTION B2 | COUNSELLING**

Have you received counselling before?	Yes	No	If yes, where was counselling conducted?
	<input type="checkbox"/>	<input type="checkbox"/>	

Why do you need further counselling?	
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Do you have dependants that require counselling?	
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Do you have preferences in counselling?	

**SECTION B3 | EDUCATION**

Do you require education support	Yes	No	If yes, for which qualification. (General Education, ABET, Further Education)
<input type="checkbox"/>	<input type="checkbox"/>		



**SECTION B5 | BUSINESS FACILITATION**

Is your business registered on the Department's business database?	Yes	No	Which field of business are you in

**SECTION B6 | TRANSPORT**

Do you make use of public transport?	Yes	No	If yes, what kind of transport?

Do you have any disabilities?	Yes	No	If yes, provide details of your disability

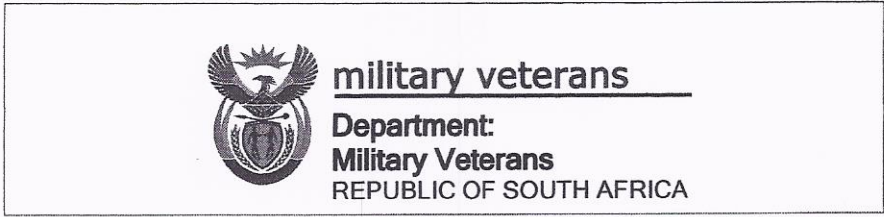
Have you attended a transport subsidy orientation session?	Yes	No	If yes, where and when?
			If no, when are you available to attend in the next two months?

**SECTION B7 | HEALTH CARE**

Are you a SADF or SANDF applying for non-contributory healthcare support	Yes	No	

Do you contribute to a medical aid scheme through your employer?	Yes	No	





**SWORN DECLARATION**

I, the undersigned (Full Names) \_\_\_\_\_

Am the applicant whose names appear in this application form;

The content of the said application form falls within my personal knowledge, unless stated otherwise and are both true and correct;

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

\_\_\_\_\_  
IDENTITY NUMBER

\_\_\_\_\_  
DATE

I certify that before administering the oath / affirmation, I asked the deponent the following and wrote down his/her answers in his/her presence:

Do you know and understand the content of the declaration?

Answer \_\_\_\_\_

Do you have any objection in taking the prescribed oath?

Answer \_\_\_\_\_

Do you consider the prescribed oath to be binding on your conscience?

Answer \_\_\_\_\_

I certify that the deponent has acknowledged that he/she knows and understands the content of this affidavit which was signed and affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
COMMISSIONER OF OATH (NAME)

\_\_\_\_\_  
CAPACITY OF THE COMMISSIONER

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMISSIONER OF OATH (SIGNATURE)



**military veterans**

**Department:  
Military Veterans  
REPUBLIC OF SOUTH AFRICA**

**SECTION A: RECEIPT OF APPLICATION [FOR OFFICE USE]**

Dear Military Veteran/Dependant,

This is to confirm receipt of your application.

Once assessed, you will be advised of further progress. If you have queries in relation to your application or process, please contact the nearest DMV office.

To be completed by the office administrator:

Acknowledge Submission of Application Forms Applicant's Information	
Surname	
Full Names	
Title	
Identity	
Signature of Applicant	
Date of Submission	

Acknowledge Submission of Application Forms Administrator's Information	
Surname	
Names	
DMV Office	
Contact Number	
Signature of Administrator	
Date of Receipt	



**military veterans**

**Department:  
Military Veterans  
REPUBLIC OF SOUTH AFRICA**

**SECTION B: RECEIPT OF APPLICATION**

Dear Military Veteran/Dependant,

This is to confirm receipt of your application.

Once assessed, you will be advised of further progress. If you have queries in relation to your application or process, please contact the nearest DMV office.

To be completed by the office administrator:

Acknowledge Submission of Application Forms Applicant's Information	
Surname	
Full Names	
Title	
Identity	
Signature of Applicant	
Date of Submission	

Acknowledge Submission of Application Forms Administrator's Information	
Surname	
Names	
DMV Office	
Contact Number	
Signature of Administrator	
Date of Receipt	

**TEAR OFF THIS PAGE AND PROVIDE TO APPLICANT**