



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 Military Veteran registered on the National Military Veteran Database? (On date of this application)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Is the dependant 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"/>			
Details of Educational Institution					
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	Institution's contact details				
	Financial Contact person:	<input type="text"/>			
		Tel:			
		Fax:			
		Email address:			

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)