



Military Veterans
Government Pensions Administration Agency

PENSIONS BENEFIT ACCESS FORM - MVP01_2022

**MILITARY
VETERANS
ACT, (Act no.
18 of 2011)
SECTION 5(1)
(h).**



4. CRITERIA TO QUALIFY FOR PENSIONS BENEFIT

4.1. ARE YOU REGISTERED IN THE NATIONAL MILITARY VETERANS DATABASE OF THE DEPARTMENT OF MILITARY VETERANS?	YES	NO
4.2. WHICH MILITARY FORCE WERE YOU A MEMBER OF PRIOR TO 1994?		
4.3. ARE YOU A RECIPIENT OF PENSION OR SOCIAL GRANT FROM ANY INSTITUTION?	YES	NO
4.4. IF YOU ANSWERED YES IN QUESTION 4.3 ABOVE, STATE WHICH PENSION OR SOCIAL GRANT ARE YOU A RECIPIENT OF?		
4.5. STATE THE INSTITUTIONS PROVIDING PENSION OR SOCIAL GRANT		
4.6. WHAT IS YOUR NET MONTHLY PENSION OR SOCIAL GRANT?		
4.7. WHAT IS YOUR TAX REFERENCE NUMBER?		

5. DECLARATION AND CONSENT

I, the undersigned (*Full Names*)

.....
I consent to and authorise the Department of Military Veterans to contact any person or entity for purposes of obtaining or verifying such information or documentation related to my application to access the Pension Benefit.

I further acknowledge that the Department of Military Veterans is committed to protecting and promoting the privacy of my personal information and any other individuals or organisations to give effect to the right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI').

The DMV acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive. I herewith defend, indemnify and hold harmless the DMV from any action or claim of any nature, personal loss, injury or damage arising directly or indirectly from any act or omission on my part relating to or incidental to the failure from my part to honour the above provisions, or otherwise, as the case may be.

I am the applicant whose details appear in this application form, acknowledge and agree that I have read this form in its entirety and that I fully understand the nature, content and implications hereof and further agree that should I give wrong information, my application may be rejected accordingly, and that I shall be fully bound hereto from date of signature.

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

APPLICANT'S SIGNATURE

IDENTITY NUMBER

DATE



Before submitting the form first verify if you are registered on the DMV Database and your information is up-to-date

THIS FORM IS NOT FOR SALE.

FOR OFFICIAL PURPOSES

DOCUMENT CHECKLIST

DOCUMENT REQUIRED	ATTACHED	NOT ATTACHED
Application form - MVP01_2022		
Certified Identity Documents of the Military Veteran		
Certified copy of Identity Documents of the Spouse (s)		
Certified copy of an officially recognized marriage certificate(s)		
Certified copies of the unabridged birth certificates of the dependents of the Military Veteran		
Signed bank entity form with applicant's account numbers, stamped by the bank		

Completed application form together with the required supporting documents can be submitted at any GPAA offices or emailed to Milvet.applications@gpaa.gov.za.

Enquiries should be directed to Milvet.enquiries@gpaa.gov.za contact number 080 7723 646