



Military Veterans
Government Pensions Administration Agency

DEPENDENTS PENSIONS BENEFIT ACCESS FORM

MVP02-2022

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



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FORCE NUMBER /DMV SERIAL NUMBER

1. PERSONAL DETAILS OF THE DECEASED MILITARY VETERAN

TITLE	INITIALS	FULL NAMES	SURNAME
GENDER	IDENTITY NUMBER	MARITAL STATUS AT TIME OF DEATH	
		MARRIED	WIDOWED
		NEVER MARRIED	DIVORCED
DATE OF DEATH	PLACE OF DEATH	DEATH CERTIFICATE NUMBER	
Y Y M M D D			

2. DETAILS OF THE APPLICANT

TITLE	INITIALS	FULL NAMES	SURNAME
GENDER	IDENTITY NUMBER	EMAIL ADDRESS	
CELL PHONE NUMBER	ALTERNATIVE CONTACT NUMBER	RESIDENTIAL ADDRESS	
TAX NUMBER			
		POSTAL CODE	
		PROVINCE	

RELATIONSHIP TO THE DECEASED

SPOUSE	BIOLOGICAL CHILD UNDER 25	BIOLOGICAL CHILD OVER 25	BIOLOGICAL CHILD WITH DISABILITY	CO-HABITING PARTNER

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



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3. DETAILS OF DEPENDENTS OF THE DECEASED

	DEPENDENT	DEPENDENT	DEPENDENT	DEPENDENT
NAME				
SURNAME				
ID NUMBER				
RELATIONSHIP TO THE DECEASED				
ADDRESS				
SCHOOL ATTENDANCE (YES/NO)				
CONTACT				

4. ADDITIONAL INFORMATION

4.1 WAS THE DECEASED MILITARY VETERAN RECIPIENT OF THE DMV PENSION BENEFIT?	YES	NO
4.2 IF YOUR ANSWER IS NO ON 4.1 ABOVE, STATE REASONS FOR ENTITLEMENT		
4.3 DID THE DECEASED HAVE ANY LEGAL OBLIGATIONS TOWARD A THIRD PARTY IN TERMS OF THE MAINTENANCE ORDER?	YES	NO
4.4 BESIDES THE DEPENDENTS LISTED IN PARAGRAPH 3 ABOVE, ARE THERE OTHER DEPENDENTS NOT LISTED?	YES	NO
4.5 WAS THE APPLICANT AND THE DECEASED STAYING TOGETHER AT THE TIME OF DEATH?	YES	NO
4.6 PROVIDE ANY OTHER INFORMATION YOU FEEL THE DEPARTMENT MUST CONSIDER WHEN EVALUATING YOUR APPLICATION		

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5. BANK DETAILS OF THE APPLICANT

SURNAME													INITIALS				
ID NUMBER														NAME OF BANK			
ACCOUNT NUMBER							BRANCH CODE										
SIGNATURE OF ACCOUNT HOLDER					INITIALS AND SURNAME OF BANK OFFICIAL												
										OFFICIAL STAMP OF BANK							

6. 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 agree hereto, and that I shall be fully bound hereto from date of signature hereof.

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**

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DOCUMENTS CHECKLIST		ATTACHED	NOT ATTACHED
1.	Application form MVP02-2022, fully completed and signed		
2.	Certified Identity Documents Military Veteran		
3.	Certified copy of death certificate of the Military Veteran		
4.	Certified Identity Documents of Applicant		
5.	Certified Marriage Certificate/Proof of spousal relationship		
6.	Unabridged birth certificates of dependents up to 23 years		
7.	Certified court order for (adoption, foster care, maintenance order etc to confirm dependency on deceased military veteran)		
8.	Medical report detailing disability status of any dependent		
9.	Dependent Proof of registration and attendance at educational institution		
10.	Copy of applicant's personal bank statement		
11.	Signed and stamped bank entity form with applicant's account numbers		

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