

APPLICATION



To apply for our services, please complete the following:

Pg.1

Date :

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Full Names :

Surname: :

ID number :

Force number :

Address :

Email address :

Contact number :

Please provide us with copies of the following certified documents:

	Attached:	
1. Original Military Veterans Database Form dated and signed	☐ Yes	☐ No
2. Applicant ID Document (if applicant is deceased, his death certificate)	☐ Yes	☐ No
3. Spouse ID document	☐ Yes	☐ No
4. Marriage certificate	☐ Yes	☐ No
5. Children's Unabridged Birth Certificates (if children are currently under 18*)	☐ Yes	☐ No
6. Proof of dependence for children older than 18 years (i.e. confirmation of full time studies / child is disabled and cannot work - confirmation by a registered Healthcare Practitioner)	☐ Yes	☐ No
7. Valid Drivers licence	☐ Yes	☐ No
8. Proof of residence (latest municipal account / rental invoice + rental confirmation letter)	☐ Yes	☐ No
9. Educational qualifications	☐ Yes	☐ No
10. Proof of registration and tax clearance certificate if veteran has a business	☐ Yes	☐ No
11. PERSOL System Documentation (7x pages - see page 2)	☐ Yes	☐ No
12. Original signed and completed Special Power of Attorney (Annexure A)	☐ Yes	☐ No
13. Proof of payment for once-off administration and "runner" fee (Annexure B)	☐ Yes	☐ No
14. Original completed and signed Consultation agreement (Annexure C)	☐ Yes	☐ No



THE FOLLOWING "**PERSOL**" DOCUMENTS WILL BE OBTAINED FROM THE SANDF BY THE APPOINTED CONSULTANT OF IMVC:

Document name:	Comments:
EPN01	If ID Number on your ID book differ from one on EPN01, also submit a confirmation letter from the Department of Home Affairs
EPG14	If your Service period is not clear on EPG14 or does not reflect, also submit a complete Service Record from the SANDF Archives
EPC01	If your discharge reason on EPC01 is "Dishonorable Discharge" or "Discharge with Ignominy", also submit your Charge Sheet (DD28)
EPN10	
EHG01	
ESN20	
ETN20	

Kindly submit original application documents and supporting documents to:

Gené van Niekerk
Office 24, 1st Floor
Sonpark Shopping Centre
Cnr. Madiba Drive & Piet Retief Street
Sonheuwel
Nelspruit
1200

Email: applications@imvc.co.za
Landline: 013 741 1160

For office use only

Received by: _____

Application received with all required documents ☐ Yes ☐ No

Our reference number: :

Application submitted to the Department of Military Veterans : ☐ Yes ☐ No

Application submitted electronically to the Department of Military Veterans : ☐ Yes ☐ No



T: 013 741 1160

E: applications@imvc.co.za

www.imvc.co.za

Office 24, 1st Floor, Sonpark Shopping Centre,
Cnr. Madiba Drive & Piet Retief Street, Sonheuwel, Nelspruit, 1200

SPECIAL POWER OF ATTORNEY

I, the undersigned, _____ (ID: _____) hereby give full consent to my consultant, Mr. Salomon Jacobus Jacobs (ID: 590324 5002 084), and agent representatives from the Independent Military Veteran Consultants, to submit the following documents on my behalf:

- Military Veterans Database Information Form
- Pensions Benefit Access Form

Signed at _____

This _____ day of _____ 20 ____, in the presence of the undersigned witnesses.

APPLICANT:

SIGNATURE

FULL NAMES: _____

ID: _____

Cell: _____

AS WITNESSES:

1) _____ 2) _____



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Cnr. Madiba Drive & Piet Retief Street, Sonheuwel, Nelspruit, 1200

Payment instruction:

Kindly make the payment for the once of administration and “runner” fee of R 750.00 when submitting the application documents.

Bank: Capitec Bank

Account name: S.J. Jacobs t/a IMVC

Account number: 150 725 0256

Reference: Full name & surname

Email proof of payment to: applications@imvc.co.za