REPUBLIC OF ZIMBABWE

Ministry of Veterans of the Liberation Struggle Affairs

FORM REF: MVLSA/EA/001

WAR VETERANS EDUCATIONAL ASSISTANCE BENEFIT — APPLICATION FORM

*Complete all sections in **BLOCK CAPITALS**. Attach certified copies of all supporting documents. Incomplete forms will not be processed.*

SECTION A — WAR VETERAN DETAILS

Full Name (Surname First)

War Vet Reg. Number

National ID Number

Date of Birth

Cell / Mobile

Gender

■ Male ■ Female ■ Other

Alternative Number

Email Address

Province

Residential Address (Physical)

District

Ward / Village

SECTION B — BENEFICIARY / STUDENT DETAILS

Student Full Name

Relationship to Veteran

Student Date of Birth

National ID / Birth Cert No.

Student Contact Number

SECTION C — EDUCATIONAL INSTITUTION

Institution Type

■ University ■ Polytechnic ■ College ■ Secondary School ■ Other

Name of Institution

Student Reg. / Roll No.

Programme / Course

Year of Study

Duration

Academic Period

Institution Phone

Institution Address

SECTION D — NATURE OF ASSISTANCE REQUESTED

Type of Assistance (tick all that apply)

■ Tuition Fees ■ Accommodation ■ Books & Materials ■ Meals ■ Other

Total Amount Requested (USD)

Amount in ZWG

Academic Period Covered

Purpose / Details of Assistance Required

SECTION E — BANK / PAYMENT DETAILS

Bank Name

Branch Name

Account Name

Account Number

Branch Code

Account Type

Swift / BIC

Currency

SECTION F — SUPPORTING DOCUMENTS CHECKLIST

■ Certified copy of War Veteran Registration Certificate

■ Certified copy of National ID (Veteran)

■ Certified copy of Student National ID / Birth Certificate

■ Proof of enrolment / acceptance letter from institution

■ Fee invoice / statement from institution

■ Certified copy of last academic results

■ Bank confirmation letter (not older than 3 months)

■ Any other relevant supporting documents

SECTION G — DECLARATION

I declare that the information provided is true, correct, and complete. I understand that false information may result in disqualification and/or legal action. I consent to verification of any information provided herein.

Applicant Signature	Date	Thumb Print (if unable to sign)

SECTION H — FOR OFFICE USE ONLY

Date Received	Received By (Name)	Application Reference No.

Verification Officer	Date Verified	Outcome

Remarks / Notes (Office Use)

Authorising Officer Signature	Date	Official Stamp