

# Next of Kin Application for Supplementary War Service Gratuity

VANZ 32



## 1. Veteran's War Disablement Pension number (if known)

Name  DOB

*Please note that if the veteran was not in receipt of a War Disablement Pension you are not eligible for a Supplementary War Service Gratuity.*

## 2. Claimant Details

Mr  Mrs  Miss  Ms  Other

First names Surname or family name

Street address, Postal Box (PO Box), Rural delivery details, C/O address

Suburb or RD Town/City

Postal Code Country (if other than New Zealand)

Phone Relationship to veteran

## 3. Service Details

Please state which Service of the New Zealand Armed Forces the veteran served in and their service number (if known):

Navy  Army  Air Force  Service No.

Please state which conflict the veteran served in as a member of the New Zealand Armed Forces:

World War II  OR Korean War

*Please note if the veteran did not serve in either conflict there is no eligibility for a Supplementary War Service Gratuity.*

<input type="text"/>	Please print clearly		
Claimant's Full Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claimant's or Delegated Person's Signature			
Day		Month	Year

### Return with pre-printed bank deposit slip to:

Policy Team  
Veterans' Affairs New Zealand  
PO Box 5146  
WELLINGTON 6145

Enquiries: 0800 483 8372 or +64 4 495 2070  
Or E-mail: veterans@xtra.co.nz  
Fax: (04) 495 2080 or +64 4 495 2080