



## Personal Details

<b>1</b>	<b>Veterans' Affairs number (if known)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b>	<b>Title</b>	<b>Rank</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b>	<b>Last name</b>	<input type="text"/>							
<b>4</b>	<b>First name/s</b>	<input type="text"/>							
<b>5</b>	<b>Other name/s known as</b>	<input type="text"/>							
<b>6</b>	<b>Date of birth</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>			

**7 Residential Address**

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

**8 Postal Address** (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

**9 Other Contact Details**

Home Phone	Work Phone
Mobile Number	E-mail Address

**10 Relationship Status**     Married     De facto     Widowed     Divorced     Single

If you are in a relationship please complete your partner's details below

Name
Address
Contact Details
Date relationship started

**11 Next of kin details**    Please provide contact details of a next of kin **not living at your address**

Name
Address
Contact Details
Relationship to veteran

## 12 Executor of Estate Details

Name:

Address:

Contact Numbers:

Post Code

## 13 GP Details

Name & Name of  
Practice

Address

Contact Numbers:

Post Code

## Signature & Acknowledgement

By signing this application form I acknowledge and understand that:

- The information provided in this application form is, to the best of my knowledge, true and complete.
- As part of processing this application, Veterans' Affairs may obtain further information in addition to what I have provided.
- I am consenting to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Corporation, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purposes of assessing the veteran or other claimants eligibility for services and support and administering any services and support provided.
- I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:
  - imprisonment for a term not exceeding 3 months; or
  - a fine not exceeding \$5,000.00.
- I have read and understand the Privacy Statement.
- The document showing legal authority to act on behalf of the claimant is attached to this application and is current (where the application is being signed by a person holding this document).

**Claimant or person with legal authority to act's name (print)**

**Signature**

**Date**





/ /

If you had assistance completing this form, print the person's name (and organisation they represent if applicable) below:



- **If the claimant is unable to sign due to physical or mental incapacity, the application must be signed by a person with legal authority to act on behalf of the claimant. If this situation applies you must also attach a certified copy of the document/s which give legal authority to that person (if not already held by Veterans' Affairs).**

**Send your completed form to the address below, or scan and email it to: [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz)**

Veterans' Affairs  
PO Box 5146  
WELLINGTON 6140