



defence

Department:
Defence Reserves
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR ENROLMENT IN THE RESERVE FORCE OF THE SOUTH AFRICAN NATIONAL DEFENCE FORCE

GENERAL INFORMATION

1. Principle. The primary principle of Reserve Force (Res F) service is voluntarism.
2. Aim. The aim of this document is to:
 - a. Serve as an application for enrolment into the Res F of the South African National Defence Force (SANDF). Should the applicant be successful, he or she will become a member of the Res F of the SANDF.
 - b. Record, for SANDF planning purposes, the availability of the applicant for service in a preferred period or periods of the year, as negotiated between the member and the SANDF. However, once agreement regarding the period of utilisation has been reached, attendance becomes mandatory.
3. Who may apply for Enrolment? SA Citizens between the ages of 18 and 65 years, with no criminal convictions, may apply for enrolment in the Res F. Members of the South African Police Service, Metro Police and Department of Correctional Service may not be considered for enrolment in the Reserve Force.
4. Periods of Service. Periods of service will be negotiated between the member and the SANDF.
5. Employers. Prospective volunteers are advised to discuss their enrolment in the Res F with their employers, if applicable, in order to ensure their availability when required.
6. Medical Examination. The applicant is to undergo the prescribed SANDF medical examination and declared medically fit by the Surgeon General before enrolment.
7. Documents. This application must be supported by certified copies of the following documents:
 - a. RSA Identity Document.
 - b. Highest educational qualification (ie School Certificate and/or Tertiary Certificate(s)).
 - c. Registration Certificates from Professional Bodies and current receipts.
 - d. Relevant Service Certificates (dates, nature of employment essential).
8. Form SAPS 91(a) South African Service Enquiry. Fingerprints must be taken at a South African Police Service Station and the form must be attached to the application form. (Form not attached).



1. **PERSONAL DATA** (Complete in detail and mark blocks with an X where applicable):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

[illegible][illegible][illegible][illegible]

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Home | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | |

1.7 TITLE

| | | | |
|------|----|----|----|
| Prof | Dr | Mr | Ms |
|------|----|----|----|

1.8 DATE OF BIRTH

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | C | C | Y | Y |
| | | | | | | | |

1.9 IDENTITY NUMBER

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

1.10 FORCE NUMBER (if applicable)

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

| | |
|--|--|
| | |
|--|--|

1.11 INCOME TAX NUMBER

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

1.12 RSA CITIZEN

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

 GENDER

| | |
|------|--|
| MALE | |
|------|--|

| | |
|--------|--|
| FEMALE | |
|--------|--|

1.13 MARITAL STATUS

| | |
|--------|--|
| SINGLE | |
|--------|--|

| | |
|---------|--|
| MARRIED | |
|---------|--|

| | |
|----------|--|
| DIVORCED | |
|----------|--|

1.14 RACE

| | |
|-------|--|
| ASIAN | |
|-------|--|

| | |
|-------|--|
| BLACK | |
|-------|--|

| | |
|-------|--|
| WHITE | |
|-------|--|

| | |
|----------|--|
| COLOURED | |
|----------|--|

1.15 BANKING PARTICULARS

| | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Bank Name | | | | | | | | | | | | | | | | | | | |
| Branch Code | | | | | | | | | | | | | | | | | | | |
| Account Type | | | | | | | | | | | | | | | | | | | |
| Account No | | | | | | | | | | | | | | | | | | | |
| Name of Account Holder | | | | | | | | | | | | | | | | | | | |

1.16 LITERACY

| LANGUAGE | SPEAK | READ | WRITE |
|----------|-------|------|-------|
| | | | |
| | | | |
| | | | |



1.17 HIGHEST EDUCATIONAL QUALIFICATIONS (Attach certified copies of documents)

i. School Certificate: _____ Date: _____

ii. Tertiary: _____ Date: _____

1.18 MEMBERSHIP OF PROFESSIONAL COUNCILS/BODIES (Attach certified copies of documents and current receipts)

1.19 PREFERRED ARM OF SERVICE

| | | | | | | | |
|---------|--|--------------|--|---------|--|----------------------------|--|
| SA ARMY | | SA AIR FORCE | | SA NAVY | | SA MILITARY HEALTH SERVICE | |
|---------|--|--------------|--|---------|--|----------------------------|--|

PROVINCE:

| | | | |
|----------------|--|---------------|--|
| Gauteng | | Limpopo | |
| Western Cape | | Northern Cape | |
| Eastern Cape | | Mpumalanga | |
| Free State | | North West | |
| Kwa-Zulu Natal | | Any Province | |

UNIT (if known):

MUSTERING (if known):

1.20 PARTICULARS OF NEXT-OF-KIN OR GUARDIAN

1.20.1

Initials

Surname

Relationship

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |



1.25 OTHER CERTIFICATES OBTAINED (Attach documents, if necessary)

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Certificate | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Certificate | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | | |

1.26 HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE BY A COURT OF LAW?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

1.27.1 IF "YES" PLEASE INDICATE THE FOLLOWING:

- i. Place of Offence: _____
- ii. Nature of Offence: _____
- iii. Place of Trial: _____
- iv. Sentenced imposed: _____

1.28 HAVE YOU EVER BEEN DISHONOURABLY DISCHARGED?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

1.29 DO YOU KNOW OF ANY REASON WHICH MAY AFFECT YOUR ELIGIBILITY TO RENDER MILITARY SERVICE?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

1.29.1 IF "YES", specify:



1.30 HEALTH HISTORY

1.30.1 ARE YOU AWARE OF ANYTHING CONCERNING YOUR PHYSICAL, MENTAL OR SOCIAL HEALTH THAT MAY AFFECT YOUR FITNESS FOR MILITARY TRAINING/DUTY?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

1.30.2 IF "YES", specify:



IDENTIFICATION

2. IDENTIFICATION

2.1 Force Number

2.2 Rank

2.3 Date joined Service

2.4 Last Unit of Service

2.5 Date of last Service

2.6 Reason for Leaving:

Other (Specify: _____)

2.7. MUSTERING/ SPECIALISATION (eg Medical Officer/Logistics Clerk/Chief Clerk, etc)

2.8 MILITARY COURSES SUCCESSFULLY COMPLETED

[illegible]

| | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| COURSE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| COURSE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| COURSE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| COURSE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| COURSE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | |

SECTION C: APPLICATION FOR ENROLMENT**3. Enrolment**

- 3.1 I hereby voluntarily apply to enrol in the Reserve Force (Res F) of the South African National Defence Force (SANDF).
- 3.2 I understand that a Contract of Service is first to be entered into between myself and the SANDF. The contract and subsequent call-up instruction(s) will clearly set out the purpose, period of service and all other relevant information regarding my utilisation in the Reserve Force.
- 3.3 I, _____
declare, that I shall support and defend the Constitution of the Republic of South Africa against all enemies foreign and domestic; that I shall bear true allegiance to it and that I shall be subject to the provisions of the Defence Act, Act 42 of 2002 as amended, together with all Rules, Regulations, Codes or Instructions made under, or in terms of the said provisions or any provisions or amendments thereto.
- 3.4 My application for enrolment is based on the information given in the document. If any information is false or incorrect, I understand that this enrolment may be administratively terminated by the SANDF.
- 3.5 I certify that I have read this document and the Conditions of Service and Service Benefits applicable to the ResF and that all questions I had were explained to my satisfaction.
- 3.6 I confirm that no other promises or guarantees have been made to me.

SIGNATURE OF APPLICANT

DATE SIGNED

SECTION D
FOR OFFICE USE ONLY

PROCEDURES APPLICABLE TO EACH SERVICE ARE TO INCLUDE THE FOLLOWING:

4. APPLICATION RECOMMENDED/NOT RECOMMENDED BY UNIT

Recommended Arm of Service: _____

Recommended SANDF Unit: _____

4.1 UNIT TELEPHONE NUMBERS

| | | | | | | | | | | | | | |
|-------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Switchboard | () | | | | | | | | | | | | |
| Facsimile | () | | | | | | | | | | | | |

UNIT STAMP

UNIT COMMANDER

DATE SIGNED

4.2 **APPROVED/ NOT APPROVED** for acceptance into the ResF of the SANDF and placement in the (Arm of Service): _____

APPROVAL BY ARM OF SERVICE

DATE SIGNED

4.3 Force Number Allocated:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

