

**BRIGHT WELL VETERANS' EMPOWERMENT INITIATIVE UGANDA (BIVETU)**

**REPORTING THE PASSING OF A RETIRED VETERAN**

**SECTION 1: RETIRED OFFICER/MILITANT PERSONAL INFORMATION**

This form is supplied free of charge by the Bright Well Veterans' Empowerment Initiative Uganda (BIVETU) and is not for sale.

Required Information

Service Number: \_\_\_\_\_

Rank: \_\_\_\_\_

Name: \_\_\_\_\_

Former Unit: \_\_\_\_\_ **(Before Retirement)**

NIN: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Other names: \_\_\_\_\_

Wife/Husband: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

BIVETU Region: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Name of the District and County of Burial: \_\_\_\_\_

Village of Burial: \_\_\_\_\_

Estate Administrator:

\_\_\_\_\_ Relationship \_\_\_\_\_:

Tel No of the Estate Administrator: \_\_\_\_\_

**SECTION 2: DEPENDANT'S CONTACT DETAILS**

Current Residential Address (Include BIVETU Region):

Current Postal Address: : \_\_\_\_\_

Contact Numbers: : \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Alternative Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **SECTION 3: REQUIRED SUPPORTING DOCUMENTS**

Copies of the following documents must be attached to complete the form:

A copy of UPDF Discharge Certificate and BIVETU Identity Documents and Death Certificate  
Veteran's Marriage Certificate

Spouse's National Identity Card / Children's Birth Certificates/ID Documents

### **SECTION: 4 DECLARATIONS**

**Note:**

*It is a criminal offence to provide false information on this form. Any person who fails to provide true information may be found guilty of an offence or may be liable to a fine or prosecution.*

I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge and that the information is supplied voluntarily.

Dependant's Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION 5: ADMINISTRATIVE USE ONLY**

**Witnessed By**

Name of Recipient: \_\_\_\_\_

Region: \_\_\_\_\_

District: \_\_\_\_\_

BIVETU Registration Number: \_\_\_\_\_

Signature of the Receiving Officer: \_\_\_\_\_

Appointment of the Receiving Officer: \_\_\_\_\_