Veterans of the Liberation Struggle (Registration) Regulations, 2021

IT is hereby notified that the Minister of Defence and War Veterans Affairs has, in terms of section 25(2)(a) of the Veterans of the Liberation Struggle Act [Chapter 17:12], made the following regulations:—

Title

1. These regulations may be cited as the Veterans of the Liberation Struggle (Registration) Regulations, 2021.

Establishment of register

2. The Chief Director shall establish a register to be known as the Veterans of the Liberation Struggle Register, which may be divided into such parts as the Minister may consider necessary.

Application for Registration

3. An application for registration as a veteran of the liberation struggle shall be in the appropriate form specified in the Schedule.

Entry into register

4. The name of every person whose application for registration as veteran of the liberation struggle is successful, shall be entered into the register or such part or parts of the register as the Chief Director may direct.

Prescription period for vetting

5. The prescription period shall be one year from the commencement of the vetting exercise.

Veterans of the Liberation Struggle (Registration) Regulations, 2021

Schedule (Section 3)

Form VLS1

VETERANS OF THE LIBERATION STRUGGLE ACT [CHAPTER 17:12]

APPLICATION FOR REGISTRATION OF A WAR VETERAN

1.	Province:	District:
	Place:	Date:
	Particulars of app	licant
2.	Name in -full (actual name)	
3.	Postal or residential address	
4.	Date of birth:	Place of birth:
	Sex	Marital status
5.	Birth certificate number:	
6.	ID. number:	
7.	Level of education:	
8.	Name of employer/self-employed:	
9.	Names of parents:	
	(a) Father:	
	(b) Mother:	
	Recruitment det	ails
10.	Assumed name (nom de guerre)	
11.	Point of exit from Zimbabwe:	Date:
12.	Name of recruiter	
13.	First place approached upon leaving Zim	ıbabwe:
14.	Name of Commander:	
15.	Camp at which stationed:	

Military training

16.	Trained or not trained		
17.	Number of years of training		
18.	Places of training and names of Commanders at places of training:—		
	Place of training 1		
19.	Types of special training: 1	4. 5. 6.	
	Operational de	ployment	
20.	Point of entry into Zimbabwe:		
21.	Name of detachment (including sector operating from Mozambique)	-	
22.	Name of detachment commander:		
23.	Operational areas and sector commande		
	2		
	4		
24.	Name/Head of <u>Department</u> during the v	var:	
25.	Name of field provincial Commander		
	Cessation of war a	activities	
26.	Assembly point stayed		
27.	Demobilisation number	Place	

$\begin{array}{c} \text{Veterans of the Liberation Struggle (Registration) Regulations,} \\ 2021 \end{array}$

28. Give names of 2 people you stayed with at this base:			e:	
	(1):	(2):		
29.	Highest rank held			
30.	Give names of your dependent children born outside Zimbabwe:			
	Name	Date of birth	Place of birth	
			•••••	
31.	Give names of comract party officials unless so	les-in-arms still alive (excl ame rank was held)	uding names of senio	
	Name	Rank	Duty	
	1			
	2			
	3			
	4			
		Other dependants		
32.	Dependent children (other than those listed in paragraph 30):			
	Name	Date of birth	Grade/College Employer	
	1			
	2			
	3			
	4			
33.	Parents of applicant:			
	Name of father:			
	Name of mother:			

DECLARATION BY CLAIMANT

(full names), hereby declare that the information given by me in this application is, to the best of my knowledge and belief, true and correct in every respect. I understand that any false statement in this application may render me-liable to prosecution. I also declare that this application, together with my statements, have been read to me and fully explained in a language which I understand and that I have no further facts to add to my application. Applicant's Signature: Mark or Right Thumb print: Date: 34. Vetting officers: We the undersigned confirm/do not confirm that the applicant is a war veteran in terms of the War Veterans Act [Chapter 11:15]: Name Signature Date 1..... 2..... 3..... 4..... 35. Certification of status: I am satisfied that the applicant has been properly vetted and has been advised that if he or she is not satisfied with the determination of his or her application, he may appeal to the Veterans of the Liberation Struggle Board. Chief Director (Signature) OR

Other authorised officer

DATE STAMP

Note.—Birth certificates should be produced to verify the identity and date of birth of any dependent child.

Form VLS 2

VETERANS OF THE LIBERATION STRUGGLE ACT [CHAPTER 17:12]

APPLICATION FOR REGISTRATION OF EX POLITICAL PRISONER, DETAINEE OR RESTRICTEE

•••••
of birth

S.I. 199 of 2021

Imprisonment, Detention or Restriction details

13.	Name used when arrested:	
14.	Date of arrest:	
15.	Place of arrest:	
16.	Places where imprisoned, detained or restricted	Dates
	(i)	From
17.	Place and year of conviction (if applicable):	
18.	Political affiliation at time of arrest:	
19.	Area/District Leader:	
20.	Prison/Detention/Restriction Number:	
21.	Reason for imprisonment/Detention/Restriction	C
22.	Names of people with whom applicant was detained, imprisoned or restricted or restricted with:	Prison/Detention Centre
	(a) a	t
	(b)a	ıt
	(c) a	t
	(d)a	ıt
	(e) a	ıt

Veterans of the Liberation Struggle (Registration) Regulations, 2021

	DECLARATION BY CLAIMANT			
decl kno false decl and	are that the information g wledge and belief, true are e statement in this application, t	iven by me in this application correct in every respect ation may render me-liable ogether with my statements age which I understand and	on is, to the best of my I understand that any to prosecution. I also have been read to me	
	Applicant's signature			
	Mark or right thumb prin	nt		
	Date:			
23.	Vetting officers:			
		nfirm/do not confirm that nee or Restrictee in terms [Chapter 17:12]:		
	Name	Signature	Date	
	1			
	2			
	3			
	4			
24.	Certification of status:			
	that if he or she is not satis	licant has been properly vette fied with the determination of the Veterans of the Liberation	of his or her application,	
	Chief Director		ignature)	
	OR		<i>5</i> /	
	Other authorised office	cer		

DATE STAMP

Note.—Birth certificates should be produced to verify the identity and date of birth of any dependent child.

Form VLS3

VETERANS OF THE LIBERATION STRUGGLE ACT $\left[\textit{CHAPTER 17:12}\right]$

APPLICATION FOR REGISTRATION OF A NON-COMBATANT CADRE

1.	Province:		District:	
	Place:		Date:	
	Par	ticulars of app	licant	
2.	Name in -full (actual name	e):		
3.	Postal or residential addre	ss:		
4.	Date of birth:		Place of b	irth:
	Sex:		Marital st	atus:
5.	Birth certificate number:			
6.	ID. number:			
7.	Level of education:			
8.	Name of employer/self-en	nployed:		
9.	Names of parents:			
	(a) Father:			
	(b) Mother:			
10.	Give names of dependent	children:		
	Name	Date of bi	irth	Place of birth
			•••••	
	R	ecruitment det	ails	
11.	Assumed name (nom de g	uerre):		
12.	Point of exit from Zimbab	we	Year of ex	sit:

$\begin{array}{c} \text{Veterans of the Liberation Struggle (Registration) Regulations,} \\ 2021 \end{array}$

13.	Name of recruiter:		
14.		the applicant was stationed	-
15.	Name of Commander		
16.	Year when applicant was	s stationed at this camp	
17.	Indicate any other camp	s which applicant was stati	oned:
	Name of Camp	Name of Commander	Year when applicant was at the camp
18.	Give names of cadres sunless same rank was h	till alive (excluding names held)	of senior party officials
	Name	Rank	Duty
	1		
	2		
	3		
	1		

	DECL	ARATION BY CLAIMA	NN I
also lecl	wledge and belief, true and e statement in this applica- lare that this application, to	iven by me in this applicated correct in every respectation may render me-liable ogether with my statement lage which I understand art.	t. I understand that any e to prosecution. I also s, have been read to me
	Applicant's signature		
	Mark or right thumb prin	nt	
	Date:		
9.	Vetting officers:		
		firm/do not confirm that t as of the Veterans of the I	
	Name	Signature	Date
			•••••
	4		
20.	Certification of status:		
	that if he or she is not satis	licant has been properly vet fied with the determination he Veterans of the Liberation	of his or her application
	Chief Director		Tianatura)
	OR	(,	Signature)
	Other authorised office	20#	
	Onici aumorised offic	.∈ı	
	DATE STAMP		

Note.—

- (a) Birth certificates should be produced to verify the identity and date of birth of any dependent child.
- (b) A repatriation form should be produced upon submission of the form.

Form VLS4

VETERANS OF THE LIBERATION STRUGGLE ACT [CHAPTER 17:12]

APPLICATION FOR REGISTRATION OF WAR COLLABORATORS

1.	Province:		District:	
	Place:			
	_		•	
	Par	ticulars of app	licant	
2.	Name in -full (actual nam	ie):		
3.	Postal or residential addre	ess:		
4.	Phone number:		Email Ac	ldress:
5.	Date of birth:		Place of l	birth:
	Age at 31st December, 19			
	Sex:		Marital s	tatus:
6.	Birth certificate number: .			
7.	ID. number:			
8.	Level of education:	Prof	fessional o	ccupation:
9.	Name of employer/self-employed:			
10.	. Names of parents if alive:			
	(a) Father:			
	(b) Mother:			
11.	Name of spouse(s):		I.D numb	oer:
12.	Give names of dependent	children below	18 years:	
	Name	Date of bi		Place of birth
				•••••

S.I. 199 of 2021

Participation details

13.	Applicant's role/activities during the struggle:
14.	District of Operation:
15.	Village/Area of Operation (Base):
16.	Participation Period: from To
17.	Names of War Veterans whom the Applicant assisted:
	(a)
	(b)
	(c)
	(d)
	(e)
18.	List 5 names of other collaborators in your area of operation:
	(a)
	(b)
	(c)
	(d)
	(e)
19.	Which armed wing did you operate under?

$\begin{array}{c} \text{Veterans of the Liberation Struggle (Registration) Regulations,} \\ 2021 \end{array}$

	DECI	LARATION BY CLAIM	ANT
decl known false decl and	are that the information g wledge and belief, true a e statement in this applic are that this application,	given by me in this applicated and correct in every respectation may render me-liable together with my statemen uage which I understand ann.	tion is, to the best of my et. I understand that any le to prosecution. I also ts, have been read to me
	Applicant's signature		
	Mark or right thumb pri	nt	
	Date:		
20.	Vetting officers:		
		nfirm/do not confirm that of the Veterans of the L	
	Name	Signature	Date
	2		
	3		
	4		
21.	Certification of status:		
	that if he or she is not satisfied or she may appeal to	olicant has been properly vet sfied with the determination the Veterans of the Liberati	of his or her application, ion Struggle Board.
	Chief Director		Signature)
	OR		
	Other authorised offi	cer	
	DATE STAMP		
Note	e.—Birth certificates sho	uld be produced to verify t	the identity.

Supplement to the Zimbabwean Government Gazette dated the 16th July, 2021.

Printed by the Government Printer, Harare.