

AFFIDAVIT FOR REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E

PLEASE COMPLETE IN BLOCK LETTERS.

It is imperative that all sections of this form be completed in full. Failing to do so will cause a delay in the processing of the request, as the incomplete form will be returned to the applicant.

Once the form has been completed, it should be returned to membership@imperialmotusmed.co.za. You may also fax it to 0860 111 788 or post it to PO Box 2287, Bellville 7535.

If you require assistance in completing this form, please call 0860 467 374.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

Member number (if you are an existing member) Title

Surname

First name(s) Initials

Identity/Passport number

2. PERSONAL DETAILS OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E

Please complete the cell number, email and residential address fields of your partner/common-law spouse/fiancé/e.

Title Surname

First name(s) Initials

Identity/Passport number Cell number

Relationship to applicant (e.g. wife)

Email address

Residential address

 Code

3. AFFIDAVIT – REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E

Duration of relationship Years Months

For how long have you shared a common household? Years Months

Registration of partner/common-law spouse/fiancé/e is subject to the following definition, as defined in rule 4, 'Definitions' of the registered rules:

A partner/common-law spouse/fiancé/e is a person with whom the member has a committed and serious relationship akin to a marriage based on objective criteria of mutual dependency and a shared and common household, irrespective of the gender of either party.

I, _____, confirm that my partner, _____, and I have a committed and serious relationship as defined in the above Scheme rule.

3. AFFIDAVIT – REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E – CONTINUED

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Member's signature _____

Dependant's signature (optional) _____

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

