FORM F

AFFIDAVIT FOR REGISTRATION OF GRANDCHILD

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 GRANDCHILD

Title   Surname

First name(s)   Initials

Identity/Passport number

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD

Registration of GRANDCHILD as a dependant of the principal member is subject to the PARENT OF THE GRANDCHILD being a registered dependant of the principal member OR has been adopted by the principal member OR when the principal member has obtained legal guardianship or foster care of the grandchild.

First name(s) of grandchild's parent

Surname of grandchild's parent

Date of birth of grandchild's parent   DD/MM/YYYY

The principal member has (please tick the applicable option):

☐ legally adopted the grandchild to be registered (certified copies of legal documents required)

☐ obtained legal guardianship of the grandchild to be registered (certified copies of legal documents required)

☐ obtained foster care of the grandchild to be registered (certified copies of legal documents required)

☐ has full social plus financial responsibility of the grandchild

I, _____ , confirm that _____ is my grandchild to whom I am liable for financial care and support.

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD – CONTINUED

Signed at _____ on the _____ of _____ _____

DAY   MONTH   YEAR

Member's signature   _____

Dependant's signature   _____
(optional)

Commissioner of Oaths   _____

Date   _____

DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS