FORM G

AFFIDAVIT FOR REGISTRATION/CONFIRMATION OF PHYSICALLY DISABLED DEPENDANT

Imperial™ Motus Med

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 PHYSICALLY DISABLED DEPENDANT

Title Surname

First name(s) Initials

Identity/Passport number Relationship

3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A PHYSICALLY DISABLED DEPENDANT

I, _____ , confirm that _____

is my physically disabled dependant who:

- is directly reliant on me for financial care and support;
- is not able to perform any work functions of any form or nature to earn an income;
- has a condition that is of such a nature that little or no improvement will occur; and
- is not a member or a dependant of a member of another medical scheme.

Please attach a doctor's report.

Signed at _____ on the _____ of _____ _____

DAY MONTH YEAR

Member's signature

Dependant's signature (optional)

3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A PHYSICALLY DISABLED DEPENDANT – CONTINUED

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS