FORM I





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. TRANSFER OF PRINCIPAL MEMBERSHIP FOLLOWING DEATH																												
Please attach a copy of the death certificate.																												
Member number]												T	ïtle			
Surname of deceased																												
First name(s) of deceased																								Init	tials			
2. PERSONAL DETAILS OF NEW PRINCIPAL MEMBER																												
Please attach a copy of your ID.																												
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First name(s) of new princip	oal m	nemt	oer																					Init	tials			
Identity/Passport number																												
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Name of bank																												
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Eight-digit branch code]																			
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MEMBER NUMBER																										
4. DETAILS OF THE E	XEC	UTO	R																							
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First name(s) of executor		$\frac{1}{1}$																			 	Initi	ials			
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MEMBER NUMBER																		
8. DECLARATION AND A	UTHOR	ISATIO	N															
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Imperial Motus Med is hereby autho Motus Med is authorised to continue which the Imperial and Motus Medio	thereafte	r to dedu	ct each	month	such s													
agree that should any sum due to trecovery of such sums, including trace														urred b	y the S	cheme	e in the	3
IMPORTANT: Should the application be returned for correction.	n form be	incomp	lete or i	if the r	equire	d doc	umen	ts are	e not a	attach	ed, re	gistra	ion w	vill be o	delaye	d as tl	he fori	m will
Name of new principal member																		
Fignature of pow principal mamber											Det							
Signature of new principal member											Dat	e		DI	D/MM,	/YYYY		