

AFFIDAVIT FOR REGISTRATION OF STEPCHILD (UNDER THE AGE OF 21)

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	<input type="text"/>	(if you are an existing member)	Title	<input type="text"/>
Surname	<input type="text"/>			
First name(s)	<input type="text"/>	Initials	<input type="text"/>	
Identity/Passport number	<input type="text"/>			

2. AFFIDAVIT – REGISTRATION OF A STEPCHILD UNDER THE AGE OF 21

I, _____, confirm that _____ is my stepchild from my current marriage to whom I am liable for financial care and support.

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Member's signature _____

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS