

AFFIDAVIT FOR DEREGISTRATION OF COMMON-LAW SPOUSE/PARTNER/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 COMMON-LAW SPOUSE/PARTNER/FIANCÉE

Title Surname

First name(s) Initials

Identity/Passport number Relationship

3. AFFIDAVIT – DEREGISTRATION OF COMMON-LAW SPOUSE/PARTNER/FIANCÉE

Take note that your common-law spouse, partner or fiancé/e’s membership will be terminated on the date of separation indicated below.

I, _____, confirm that my partner/common-law spouse/fiancé/e, _____, and I have separated and are not sharing a common household, as defined in the Scheme’s rules, from: Date _____ DD/MM/YYYY

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