FORM A

AFFIDAVIT FOR REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/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 32759, Braamfontein 2017.

If you require assistance in completing this form, please call 0860 467 374.

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3. AFFIDAVIT – REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E – CONTINUED Signed at _______ on the ______ of _____ MONTH YEAR Member's signature _______ Dependant's signature (optional) _______ Commissioner of oaths

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS