

AFFIDAVIT FOR REGISTRATION OF GRANDCHILD

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.

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 number	<input type="text"/>			

2. PERSONAL DETAILS OF GRANDCHILD

Title	<input type="text"/>	Surname	<input type="text"/>			
First name(s)	<input type="text"/>				Initials	<input type="text"/>
Identity number	<input type="text"/>					

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD

Registration of GRANDCHILD as a dependant of the principal member is subject to the PARENT OF THE GRANDCHILD being a registered dependant of the principal member.

FIRST NAME(S) OF GRANDCHILD'S PARENT	<input type="text"/>
SURNAME OF GRANDCHILD'S PARENT	<input type="text"/>
DATE OF BIRTH OF GRANDCHILD'S PARENT	<input type="text"/>

3.1. The principal member has (please indicate the applicable option):

- legally adopted the grandchild to be registered (certified copies of legal documents required)
- obtained legal guardianship of the grandchild to be registered (certified copies of legal documents required)
- obtained foster care of the grandchild to be registered (certified copies of legal documents required)
- has full social plus financial responsibility of the grandchild

I, _____, confirm that _____ is my grandchild to whom I am liable for financial care and support.

Signed at on the DAY of MONTH YEAR

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS	Member's signature	_____
	Dependant's signature (optional)	_____
	Commissioner of oaths	_____
	Date	<input type="text"/>