FORM G

AFFIDAVIT FOR REGISTRATION/CONFIRMATION OF PHYSICALLY DISABLED DEPENDANT

Imperial™ Motus Med

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 (if you are an existing member) Title

Surname

First name(s) Initials

Identity number

2. PERSONAL DETAILS OF PHYSICALLY DISABLED DEPENDANT

Title Surname

First name(s) Initials

Identity number Relationship

3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A PHYSICALLY DISABLED DEPENDANT

I, _____, confirm that _____

is my physically disabled dependant who:

- is directly reliant on me for financial care and support;
- is not able to perform any work functions of any form or nature to earn an income;
- condition is of such nature that little or no improvement will occur; and
- is not a member or a dependant of a member of another medical scheme.

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 D D M M Y Y Y Y