

**AFFIDAVIT FOR REGISTRATION OF NATURAL CHILD (UNDER THE AGE OF 21) WITH A DIFFERENT SURNAME TO PRINCIPAL MEMBER**

**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. AFFIDAVIT FOR REGISTRATION OF NATURAL CHILD UNDER THE AGE OF 21 WITH A DIFFERENT SURNAME TO PRINCIPAL MEMBER**

I, \_\_\_\_\_, confirm that \_\_\_\_\_ is my natural child to whom I am liable for financial care and support.

Signed at  on the  DAY of  MONTH  YEAR

Member's signature \_\_\_\_\_

Commissioner of oaths \_\_\_\_\_

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS

Date