

# AFFIDAVIT FOR REGISTRATION/CONFIRMATION OF CHILD (OVER THE AGE OF 25) THAT IS A STUDENT

**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](mailto: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 A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT**

Title  Surname

First name(s)  Initials

Identity/Passport number  Cell number

Relationship to applicant  (e.g. son)

Email address

Residential address

Code

**3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT**

Name of tertiary institution

**Please attach proof of registration.**

I, \_\_\_\_\_, confirm that \_\_\_\_\_ is studying

FULL-/PART-TIME at \_\_\_\_\_, earns an income of more than R6 550 and that I am liable for financial care and support.

The dependant's expected graduation date is \_\_\_\_\_  
DD/MM/YYYY

Please note that adult contribution rates will be charged for a child dependant who is older than 25, even if he/she is a student.

**3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT  
– CONTINUED**

Signed at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_  
DAY MONTH YEAR

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

Dependant's signature (optional) \_\_\_\_\_

Commissioner of Oaths \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY

