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 <a href="mailto:membership@imperialmotusmed.co.za">membership@imperialmotusmed.co.za</a>.

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

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3. AFFIDAVIT – REGISTRATION OF PARTNER/COM	IMON-LA	W SPOUSE/FIANCÉ/	E – CONTINUED	
Signed at	on the	of	MONTH	YEAR
		Vitt.	Morrin	ILMK
Member's signature	_	Dependant's signature (optional)		
Commissioner of Oaths		Date		
			DD/MM/YYYY	
OFFICIAL STAMP OF THE COMMISSIONER OF OATHS				