

PLEASE COMPLETE IN BLOCK LETTERS.

Once the form has been completed, it should be returned to membership@imperialmotosmed.co.za.

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

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/Passport number	<input type="text"/>				

Please complete the cell number, email and residential address fields of your partner/common-law spouse/fiancé/e.

[illegible]

Duration of relationship Years Months

For how long have you shared a common household? Years Months

A partner/common-law spouse/fiancé/e is a person with whom the member has a committed and serious relationship akin to a marriage based on objective criteria of mutual dependency and a shared and common household, irrespective of the gender of either party.

I, _____, confirm that my partner, _____, and I have a committed and serious relationship as defined in the above Scheme rule.

3. AFFIDAVIT – REGISTRATION OF PARTNER/COMMON-LAW SPOUSE/FIANCÉ/E – CONTINUED

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Member's signature _____

Dependant's signature _____
(optional)

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS