

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.

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

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

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"/>			

2. PERSONAL DETAILS OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT

Title	<input type="text"/>	Surname	<input type="text"/>					
First name(s)	<input type="text"/>					Initials	<input type="text"/>	
Identity/Passport number	<input type="text"/>			Cell number	<input type="text"/>			
Relationship to applicant	<input type="text"/>						(e.g. son)	
Email address	<input type="text"/>							
Residential address	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>						Code	<input type="text"/>

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 not more than R6 860 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**

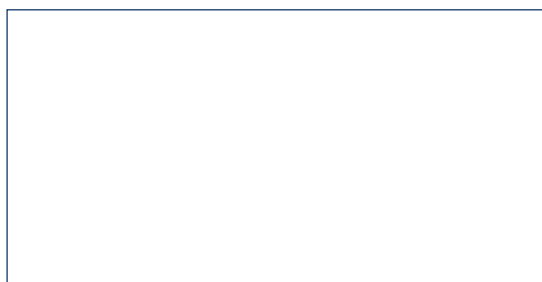
Signed at _____ on the _____ of _____ .
DAY MONTH YEAR

Member's signature _____

Dependant's signature
(optional) _____

Commissioner of Oaths _____

Date _____
DD/MM/YYYY



OFFICIAL STAMP OF THE COMMISSIONER OF OATHS