

AFFIDAVIT FOR REGISTRATION OF GRANDCHILD

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 GRANDCHILD

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Initials	<input type="text"/>
Identity/Passport number	<input type="text"/>		

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD

Registration of GRANDCHILD as a dependant of the principal member is subject to the PARENT OF THE GRANDCHILD being a registered dependant of the principal member OR has been adopted by the principal member OR when the principal member has obtained legal guardianship or foster care of the grandchild.

First name(s) of grandchild's parent	<input type="text"/>
Surname of grandchild's parent	<input type="text"/>
Date of birth of grandchild's parent	<input type="text"/> DD/MM/YYYY

The principal member has (please tick the applicable option):

- ☐ legally adopted the grandchild to be registered (certified copies of legal documents required)
- ☐ obtained legal guardianship of the grandchild to be registered (certified copies of legal documents required)
- ☐ obtained foster care of the grandchild to be registered (certified copies of legal documents required)

I, _____, confirm that _____ is my grandchild to whom I am liable for financial care and support.

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD – 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