

FORM H

AFFIDAVIT FOR MONTHLY INCOME OF PENSIONERS

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"/>	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. AFFIDAVIT – DETAILS OF MONTHLY INCOME

I declare that my monthly income is R and consists of the following:

<input type="checkbox"/> Monthly pension	<input type="checkbox"/> Investments	<input type="checkbox"/> Annuities	<input type="checkbox"/> Other
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If other, please specify:

I, _____, confirm that all of the information is true in every respect. I understand and agree that the consequence of submitting inaccurate information could result in the:

- forfeiture of all benefits from the Scheme;
- refunding in full all amounts for benefits/services paid on my behalf by Imperial Motus Med; and
- waiving of my right to claim a refund for any contributions paid by me to Imperial Motus Med.

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Member's signature _____

Date _____
DD/MM/YYYY

Commissioner of Oaths _____

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS