

[illegible]

8. DECLARATION AND AUTHORISATION

I hereby make application to be registered as a principal member on the Imperial and Motus Medical Aid and agree that I will be bound by the rules of the Scheme, as amended from time to time.

Imperial Motus Med is hereby authorised to debit my banking account with the monthly contributions paid to the Imperial and Motus Medical Aid. Imperial Motus Med is authorised to continue thereafter to deduct each month such subscriptions and any other amounts as are due until the end of the month in which the Imperial and Motus Medical Aid is notified of my resignation.

I agree that should any sum due to the Scheme not be timeously paid by me for any reason, I shall be liable for all costs incurred by the Scheme in the recovery of such sums, including tracing charges and all fees due by the Scheme to its attorneys, including commission.

IMPORTANT: Should the application form be incomplete or if the required documents are not attached, registration will be delayed as the form will be returned for correction.

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Signature of new principal member

Date _____

DD/MM/YYYY