FORM I





## 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. TRANSFER OF F	1. TRANSFER OF PRINCIPAL MEMBERSHIP FOLLOWING DEATH																											
Please attach a copy of the death certificate.																												
Member number																								Т	itle			
Surname of deceased			П									_																
First name(s) of deceased																								Init	ials			
2. PERSONAL DETAILS OF NEW PRINCIPAL MEMBER																												
Please attach a copy of your ID.																												
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MEMBER NUMBER																											
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8. DECLARATION AND AUTHORISATION																									
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Imperial Motus Med is hereby author Motus Med is authorised to continue which the Imperial and Motus Medic	therea	after	to ded	uct ea	ach m	onth	such																		
I agree that should any sum due to t recovery of such sums, including trac																		incu	rred	by th	ne So	:hem	e in	the	
IMPORTANT: Should the application be returned for correction.	ı form	n be i	incom	plete	or if	the r	equi	red d	осиг	nent	s are	e not	atta	che	d, re	gist	ratio	n w	ill be	del	ayed	l as t	the f	orm	will
Name of new principal member																									
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