

**AFFIDAVIT FOR REGISTRATION OF STEPCHILD
(UNDER THE AGE OF 21)****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. AFFIDAVIT – REGISTRATION OF A STEPCHILD UNDER THE AGE OF 21

I, _____, confirm that _____ is my stepchild
from my current marriage to whom I am liable for financial care and support.

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Member's signature _____

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS