FORM K

## AFFIDAVIT FOR REGISTRATION OF NATURAL CHILD (UNDER THE AGE OF 21) WITH A DIFFERENT SURNAME TO PRINCIPAL MEMBER



## 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.

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