

PLEASE COMPLETE IN BLOCK LETTERS.

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.

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

I, _____, confirm that _____ is my natural child to whom I am liable for financial care and support.

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