

AFFIDAVIT FOR DEREGISTRATION OF COMMON-LAW SPOUSE/PARTNER/FIANCÉ/E

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. PERSONAL DETAILS OF COMMON-LAW SPOUSE/PARTNER/FIANCÉE

| | | | | | |
|--------------------------|----------------------|--------------|----------------------|--|--|
| Title | <input type="text"/> | Surname | <input type="text"/> | | |
| First name(s) | <input type="text"/> | Initials | <input type="text"/> | | |
| Identity/Passport number | <input type="text"/> | Relationship | <input type="text"/> | | |

3. AFFIDAVIT – DEREGISTRATION OF COMMON-LAW SPOUSE/PARTNER/FIANCÉE

Take note that your common-law spouse, partner or fiancé/e's membership will be terminated on the date of separation indicated below.

I, _____, confirm that my partner/common-law spouse/fiancé/e, _____,

and I have separated and are not sharing a common household, as defined in the Scheme's rules, from: Date _____
DD/MM/YYYY

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