

# AFFIDAVIT FOR REGISTRATION/CONFIRMATION OF CHILD (OVER THE AGE OF 25) THAT IS A STUDENT

**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](mailto: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  (if you are an existing member) Title

Surname

First name(s)  Initials

Identity/Passport number

**2. PERSONAL DETAILS OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT**

Title  Surname

First name(s)  Initials

Identity/Passport number  Cell number

Relationship to applicant  (e.g. son)

Email address

Residential address

Code

**3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT**

Name of tertiary institution

**Please attach proof of registration.**

I, \_\_\_\_\_, confirm that \_\_\_\_\_ is studying

FULL-/PART-TIME at \_\_\_\_\_, earns an income of not more than R7 250 and that I am liable for financial care and support.

The dependant's expected graduation date is \_\_\_\_\_  
DD/MM/YYYY

Please note that adult contribution rates will be charged for a child dependant who is older than 25, even if he/she is a student.

**3. AFFIDAVIT – REGISTRATION/CONFIRMATION OF A CHILD (OVER THE AGE OF 25) THAT IS A STUDENT  
– CONTINUED**

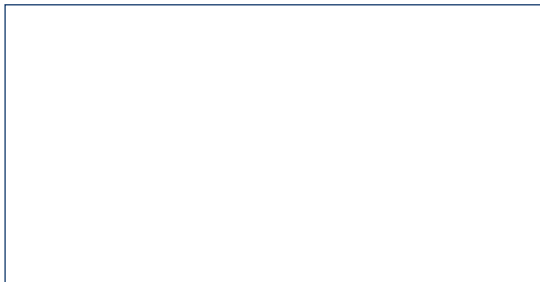
Signed at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ .  
DAY MONTH YEAR

Member's signature \_\_\_\_\_

Dependant's signature  
(optional) \_\_\_\_\_

Commissioner of Oaths \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY



OFFICIAL STAMP OF THE COMMISSIONER OF OATHS