

Affidavit for Registration of Grandchild



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. You may also fax it to 0860 111 788 or post it to PO Box 32759, Braamfontein 2017.

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 number

2. PERSONAL DETAILS OF GRANDCHILD

Title Surname

First name(s) Initials

Identity number

3. AFFIDAVIT – REGISTRATION OF A GRANDCHILD

Registration of GRANDCHILD as a dependant of the principal member is subject to the PARENT OF THE GRANDCHILD being a registered dependant of the principal member.

FIRST NAME(S) OF GRANDCHILD'S PARENT

SURNAME OF GRANDCHILD'S PARENT

DATE OF BIRTH OF GRANDCHILD'S PARENT

3.1. The principal member has (please indicate the applicable option):

- legally adopted the grandchild to be registered (certified copies of legal documents required)
- obtained legal guardianship of the grandchild to be registered (certified copies of legal documents required)
- obtained foster care of the grandchild to be registered (certified copies of legal documents required)
- has full social plus financial responsibility of the grandchild

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

Signed at on the DAY of MONTH YEAR

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS

Member's signature _____

Dependant's signature (optional) _____

Commissioner of oaths _____

Date