



AFFIDAVIT FOR PARENTS OF THE MEMBER

WE, THE UNDERSIGNED,

Name

Surname

ID number

AND

Name

Surname

ID number

DO HEREBY MAKE OATH AND STATE:

- that my parents are financially dependent on me for care and support;
- they do not receive a pension in excess of the State pension; and
- that they are not members of another medical scheme.

Signed _____

Name _____

Date

Signed _____

Name _____

Date

PARENT'S DETAILS

PLEASE NOTE – YOU MUST ATTACH YOUR MARRIAGE AND BIRTH CERTIFICATES, AS APPROPRIATE

For spouse/partner/dependants that are 18 years and older, please complete the contact information fields (cell phone number, email address and residential address).

Parent 1

First names

Surname Gender Male Female

ID/Passport number Date of birth

Relationship to applicant (e.g. mother)

Cell phone number

Email address

Residential address

Code

