



AFFIDAVIT FOR CHILD DEPENDANT

WE, THE UNDERSIGNED,

Name

Surname

ID number

AND

Name

Surname

ID number

DO HEREBY MAKE OATH AND STATE:

- that my child dependant is over the age of 21 years and is unmarried;
- that he/she is financially dependent;
- that he/she is not a member of another medical scheme; and
- that he/she will inform the Fund when eligibility ceases.

Signed _____

Name _____

Date

Signed _____

Name _____

Date

SPECIAL DEPENDANT 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).

Special dependant

First names

Surname Gender Male Female

ID/Passport number Date of birth

Relationship to applicant (e.g. son)

Cell phone number

Email address

Residential address Code

SIGNED BY COMMISSIONER OF OATHS

I certify that at
on the day of 20

the deponents signed this affidavit and swore acknowledgement that they knew and understood the contents hereof, had no objection to taking this oath, considered **this oath** to be binding on their conscience and uttered the words: **"I swear that the contents of this declaration are true, so help me God."**

The regulations contained in the Government Notice R1258 dated 21 July 1972 (as amended) have been complied with.

Commissioner of Oaths Stamp

Name

Designation

Address

Postal code