



# 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 I am legally liable for family care and support to my parents;
- that my parents do not receive a pension in excess of the State pension; and
- that they are not members of another medical scheme.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date

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

