



AFFIDAVIT FOR REGISTRATION OF NATURAL CHILD (UNDER THE AGE OF 21) WITH A DIFFERENT SURNAME TO PRINCIPAL MEMBER

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@wooltruhealthcarefund.co.za or by post to Wooltru Healthcare Fund, PO Box 2212, Bellville 7535.

Should you require assistance in completing this form, please call Client Services on **0802 228 922**.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

Membership number	<input type="text"/>	(if you are an existing member)	Title	<input type="text"/>	
Surname	<input type="text"/>				
First names	<input type="text"/>			Initials	<input type="text"/>
ID/Passport number	<input type="text"/>				

2. AFFIDAVIT FOR REGISTRATION OF NATURAL CHILD UNDER THE AGE OF 21 WITH A DIFFERENT SURNAME TO PRINCIPAL MEMBER

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

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. CHILD 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).

Child dependant

First names	<input type="text"/>																				
Surname	<input type="text"/>												Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
ID/Passport number	<input type="text"/>										Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Relationship to applicant (e.g. son)	<input type="text"/>																				
Cell phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>																				
Residential address	<input type="text"/>																				
	<input type="text"/>															Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

11/2024