



POLMED

OUR INVESTMENT OUR HEALTH OUR FUTURE

AFFIDAVIT A

Sworn affidavit confirming children's relationship

To whom it may concern

Submit form via

Email: polmedmembership@medscheme.co.za

Fax: 0861 888 110

Membership Number

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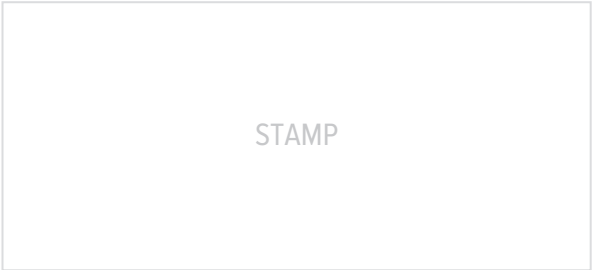
To be completed by the principal member of POLMED

Dear Sir/Madam

I, _____

ID Number

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STAMP

hereby declare the following in respect of my dependant(s)

1. I wish to register my dependant(s) listed below as beneficiaries on my POLMED membership; and
2. I also declare that my dependant(s) listed below was/were born out of wedlock and that I am the biological parent.

Details of Dependant(s) (please attach another affidavit form with dependant details completed if you have more than two dependant (s))

1. Dependant Full First Name _____ Dependant Surname _____

ID Number

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Relationship _____

2. Dependant Full First Name _____ Dependant Surname _____

ID Number

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Relationship _____

I thus declare on this _____ day of _____ 20_____ at _____

_____ that I know and understand the contents of this declaration. I have no objections to taking the prescribed Oath. I consider the Oath binding on my conscience. So help me God.

Principal Member of POLMED Signature _____ Date

D	D	M	M	Y	Y	Y	Y
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Commissioner of Oaths

The above statement was made by the deponent and the deponent knows and understands the contents of the statement. The statement was sworn by the deponent and his/her signature placed thereon in my presence in _____

on _____ at _____.

Name and Surname _____ Signature _____

Rank _____