



# POLMED®

OUR INVESTMENT OUR HEALTH OUR FUTURE



## AFFIDAVIT B

### Sworn affidavit confirming financial dependency of beneficiaries

To whom it may concern

Submit form via

Email: polmedmembership@medscheme.co.za

Fax: 0861 888 110

Membership Number

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Persal Number

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Date

D	D	M	M	Y	Y	Y	Y
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STAMP OF COMMISSIONER OF OATHS

To be completed by the principal member of POLMED

Dear Sir/Madam

I, \_\_\_\_\_

ID Number

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hereby declare the following in respect of my dependant

1. I wish to register my dependant listed below as a beneficiary on my POLMED membership;
2. I declare that my dependant listed is not self-sufficient (financially and otherwise); and
3. I also declare that my dependant is (please select the option relevant to you by marking it with an "X"):

- studying (please attached proof of registration at a recognised tertiary institution)
- mentally/physically disabled (please attach a doctor's report)
- not studying anymore, but currently unemployed
- my parent and/or parent-in-law and he/she is financially dependent on me as I am responsible for him/her in terms of family care and support.

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

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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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 \_\_\_\_\_.