



# POLMED®

OUR INVESTMENT OUR HEALTH OUR FUTURE



## AFFIDAVIT C

### Sworn affidavit confirming partner as beneficiary

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 partner as a beneficiary on my POLMED membership; and
2. I also declare that my life partner and I share a common household and are financially dependent on each other.

To be completed by partner (please attach another affidavit form with the dependant's details completed if you have more than one dependant)

I, (full first name and surname) \_\_\_\_\_

ID Number

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Gender \_\_\_\_\_

hereby declare that my life partner and I share a common household and are financially dependent on each other.

To be completed by witness

I, (full first name and surname) \_\_\_\_\_

ID Number

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hereby declare that I know the abovementioned couple and declare that they share a common household and are financially dependent on each other.

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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Partner Signature \_\_\_\_\_ Date

D	D	M	M	Y	Y	Y	Y
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Witness 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 \_\_\_\_\_ .