

AFFIDAVIT D

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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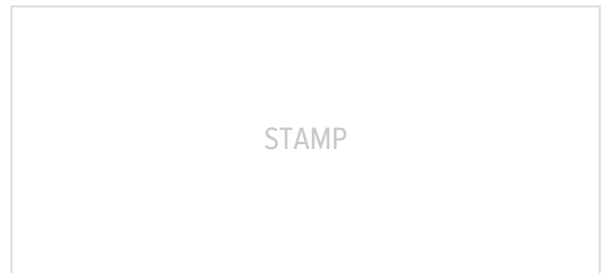
To be completed by the principal member of POLMED

Dear Sir/Madam

I, _____

ID Number

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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 are the biological children of my spouse/partner;
3. I hereby attach proof of marriage (marriage certificate/lobola letter/affidavit confirming relationship with partner).

Details of Dependant 1

Dependant Full First Name _____ Dependant Surname _____

ID Number

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Relationship _____

Details of Dependant 2 (please attach another affidavit form with dependant details completed if you have more than two dependants)

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 _____