SAMWUM-ED

Real Heritage. Real People. Real Health Care.

c/o Trematon & Lascelles Streets, Athlone. P O Box 134, Athlone, Cape Town 7760

Tel: 0860 104 117 Email: memberupdates@medscheme.co.za Website: www.samwumed.org WhatsApp: 060 019 3547

AFFIDAVIT REGARDING DEPENDANT

6635

Please use black or blue ink when completing this form. Where appropriate mark your selection with an "x".

PERSONAL PARTICU	LARS	
Membership number		ΥΥ
Identity number		
Please complete this affida	avit if:	
	to declare that dependants are financially dependent on him/her for family care and support. (Section 1) rm that the main member is financially responsible for family care and support. (Section 2)	
SECTION 1: To be co	mpleted by main member of SAMWUMED (compulsory)	
l,		
Identity number	hereby declare the following in respect of the person listed in the table	below.
	te block and complete the relevant section in full. Attach a separate sheet if there is more than one dependant.	
I wish to add him/h	ner as my dependant on my membership of SAMWUMED, as he/she is financially dependent on me for fam	ilv
	He/she is not self-sufficient.	,
Full first name	Relationship	
Surname	Income of dependant	
Identity number		
Personal circumstances		
of dependant		
lwish to add him/h	ner as my dependant on my membership of SAMWUMED, as he/she is financially dependent on me for fam	vilv
	He/she is not self-sufficient.	iiy
Full first name	Relationship	
Surname	Income of dependant	
Identity number		
Personal circumstances		
of dependant		
He/she is under the	e age of 25 years and is a student and I have included proof of registration at a recognised tertiary instituti	on.
Full first name	Relationship	
Surname	Income of dependant	
Identity number		
Personal circumstances		
of dependant		

I wish to add my p He/she is not self-			dep	enda	ant oi	n my	me	dica	al ai	d, a	s he	e/sh	ie is	s fin	nan	cial	ly d	ере	end	ent	on	me	for	far	mily	cai	re a	ind	sup	po	rt.
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Identity number		Τ			Π		Τ	Т	Γ																						
Personal circumstances			П																												
of dependant					Π																										
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Identity number		Ť	Π	T	Π		Т	Т	Г																Γ						
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of dependant	Ħ	Ť	Π		Π		T	T	T																Γ						
SECTION 2 : To be co	omplei	ted	by ti	he p	aren	t of	de	ben	dar	nt w	he	n a	ddi	na	ao	Irar	nd d	chil	d c	lep	en	dar	nt	·							
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Identity number						$\frac{1}{1}$	$\frac{1}{1}$		jr T	nerek																		d tha resp		ible	for
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I know and understand the		ts of	the c	decla	ratior	n. I h	ave	no c	bje	L ctior	ns te	o ta	king	g the	e pr	resc	ribe	ed C)ath	. I c	cons	side	r th	e O	ath	bine	dinç	g on	my	,	
conscience. So help me Go Signed:	d.																														
Main member SAMWUMED)												_									Date	e	D	D	M	M	Y	Y	Y	Y
Parent																						Date	~								
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Signature of Commissioner	of Oatl	he																													
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