

AFFIDAVIT FOR PREVIOUS MEMBERSHIP

(MEMBERSHIP WITH PREVIOUS MEDICAL SCHEMES)



1. APPLICANT

I, the undersigned (Applicant) _____

ID number _____ do hereby declare under oath that I, (Applicant) have been on previous Medical Aid Schemes with the following dependent/s (complete if applicable):

Scheme name	Member No.	Member / Dependant	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)

I attempted to get proof of cover on the above medical sheme/s without success. The following was done by me to obtain the membership certificate/s:

Thus signed before a commissioner of oaths at (place) _____ on (date) _____

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience and having uttered the words

"I swear that the content of this declaration are true, so help me God".

Signature of deponent

2. COMMISSIONER OF OATHS

I certify that the above statement was taken down by me and that the deponent has acknowledge that he/she knows and understands the contents of this declaration.

This statement was sworn / affirmed to before me and the deponent's signature was placed thereon in my presence at (place) _____

_____ on (date) _____ at (time) _____ : _____

Signature of commissioner of oaths

Name: _____

Capacity: _____

Address: _____