



# Affidavit

## for Parents of the Member

We, the undersigned,

identity number  and  
 identity number  do hereby

make oath and say:

- that my parents are financially dependent on me for care and support;
- that they do not receive a pension in excess of the State pension (R940 per month); and
- that they are not members of another medical aid.

SIGNED:  NAME:

SIGNED:  NAME:

I certify that at  on the  day of  20  the deponents signed this Affidavit and swore acknowledgement that they knew and understood the contents hereof, had no objection to taking **this oath**, and considered this oath to be binding on their consciences and uttered the words:

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

The Regulations contained in the Government Notice R1258 dated 21 July 1972 (as amended) have been complied with.

COMMISSIONER OF OATHS

FULL NAME:

DESIGNATION:

BUSINESS ADDRESS: