

AFFIDAVIT FORM FOR SPOUSE/LIFE PARTNER

PLEASE COMPLETE FORM IN BLOCK LETTERS

1. PERSONAL PARTICULARS

PRINCIPAL MEMBER

Membership number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Full name and surname	<input type="text"/>		
ID/Passport number	<input type="text"/>	Contact number	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		

SPOUSE/LIFE PARTNER

Provisions of the Protection of Personal Information Act 4 of 2013 (POPIA), which came into effect from 1 July 2020, requires that all medical schemes communicate directly with dependants who are 18 years and older. Therefore, please provide the contact details for your spouse/life partner.

***If your spouse/life partner is not living with you, please provide their postal address.**

Title	<input type="text"/>	Initials	<input type="text"/>	Dependant code	<input type="text"/>
Full name and surname	<input type="text"/>				
ID/Passport number	<input type="text"/>	Contact number	<input type="text"/>		
Postal address*	<input type="text"/>				
	<input type="text"/>	Postal code	<input type="text"/>		
Email address	<input type="text"/>				

2. DECLARATION

I, the undersigned, do hereby make an oath and state that:

- The contents contained herein are true and correct.
- I have provided this affidavit whilst being of sound mind and under no coercion and/or duress.
- I declare that I am an adult of full legal capacity.

• I declare that the above-named dependant is my spouse/life partner either by common law or customary union since .

Please note: A copy of your spouse/life partner's identity document is required.

2. DECLARATION (CONTINUED)

I declare that I have carefully read this application form, completed it in full, and confirm that all the information provided herein to be true and correct to the best of my knowledge.

Signature of principal member	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
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3. COMMISSIONER OF OATHS

I hereby certify that the deponents signed this affidavit and swore acknowledgement that they knew and understood the contents hereof, had no objection to taking this oath, considered this oath to be binding on their conscience 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.

Full name and surname	<input type="text"/>		
Designation	<input type="text"/>		
Signature of Commissioner of Oaths	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>	COMMISSIONER OF OATHS STAMP	

DISCLAIMER:

PG Group Medical Scheme reserves the right to list members who, in the opinion of the Scheme's Administrator, Momentum Health Solutions (Pty) Ltd Fraud and Ethics Committee, have behaved unethically towards the Scheme, abused their benefits, perpetrated fraud or colluded with others to perpetrate fraud against the Scheme, on the TransUnion Credit Bureau. This information may be viewed by all medical schemes that participate in the Board of Healthcare Funders' (BHF) Forensic Management Unit.



02/2023

Administered by Momentum Health Solutions (Pty) Ltd

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