AFROX
MEDICAL AID SOCIETY

FORM B

Affidavit for Registration/Confirmation of Child (over the age of 21) that is a Student

PLEASE COMPLETE IN BLOCK LETTERS

It is imperative that all sections of this application form be completed in full. Failing to do so will cause a delay in the processing of the application, as the incomplete form will be returned to the applicant.

If you require assistance in completing this form, please call 0800 003 149 or 011 703 3010.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

MEMBER NUMBER (if you are an existing member)

TITLE SURNAME

FIRST NAME INITIALS

IDENTITY NUMBER

PROOF REQUIRED

CERTIFIED COPIES OF DOCUMENTATION REQUIRED:
ID, proof of registration at registered tertiary institution, affidavit (Form B)

2. AFFIDAVIT – REGISTRATION OF A CHILD THAT IS A STUDENT (OVER THE AGE OF 21)

NAME OF TERTIARY INSTITUTION (REGISTRATION CERTIFICATE FOR FULLTIME STUDIES REQUIRED)

I, _____ , confirm that _____ is studying FULLTIME

at _____ and that I am liable for family care and support.

SIGNED AT _____ ON THIS _____ DAY OF _____ 200 ____

OFFICIAL STAMP OF THE
COMMISSIONER OF OATHS

MEMBER'S SIGNATURE _____

DEPENDANT'S SIGNATURE _____

COMMISSIONER OF OATHS _____

DATE D D M M Y Y