



# POLMED®

OUR INVESTMENT OUR HEALTH OUR FUTURE



## AFFIDAVIT C

### Sworn affidavit confirming partner as beneficiary

To whom it may concern

Submit form via

Email: [polmedmembership@medscheme.co.za](mailto:polmedmembership@medscheme.co.za)

Fax: 0861 888 110

Membership Number

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Persal Number

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Date

D	D	M	M	Y	Y	Y	Y
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STAMP OF COMMISSIONER OF OATHS

To be completed by the principal member of POLMED

Dear Sir/Madam

I, \_\_\_\_\_

ID Number

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hereby declare the following in respect of my dependant

1. I wish to register my partner as a beneficiary on my POLMED membership; and
2. I also declare that my life partner and I share a common household and are financially dependent on each other.

To be completed by partner (please attach a separate sheet if you have more than one dependant)

I, (full first name and surname) \_\_\_\_\_

ID Number

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Gender \_\_\_\_\_

hereby declare that my life partner and I share a common household and are financially dependent on each other.

To be completed by witness

I, (full first name and surname) \_\_\_\_\_

ID Number

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hereby declare that I know the abovementioned couple and declare that they share a common household and are financially dependent on each other.

I thus declare on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ that I know and understand the contents of this declaration. I have no objections to taking the prescribed Oath. I consider the Oath binding on my conscience. So help me God.

Principal Member of POLMED Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Partner Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Witness Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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The above statement was made by the deponent and the deponent knows and understands the contents of the statement. The statement was sworn by the deponent and his/her signature placed thereon in my presence in \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.