momentum
medical scheme

Affidavit of medical scheme membership

Please email the completed and signed forms to us at **healthnewbusiness@momentumhealth.co.za**.

I (name and surname)

ID number

Residential address

Postal code

Telephone number

Cellphone number

Membership number

hereby declare that all my dependants and I, previously were or currently are members of the following medical schemes:

Principal member

Name of member	Name of scheme	Membership number	Date joined dd/mm/yyyy	Date terminated dd/mm/yyyy or current

Spouse dependant Are these details the same as principal member? Yes ☐ No ☐

Name of member	Name of scheme	Membership number	Date joined dd/mm/yyyy	Date terminated dd/mm/yyyy or current

Adult dependant Are these details the same as principal member? Yes ☐ No ☐

Name of member	Name of scheme	Membership number	Date joined dd/mm/yyyy	Date terminated dd/mm/yyyy or current

If you have belonged to more than three medical schemes, please attach the details to this declaration.

- I know and understand the contents of this statement.
- I have no objection to taking the prescribed oath.
- I consider the prescribed oath to be binding on my conscience.

Place

Time :

Deponents signature

Date D D M M Y Y Y Y

I certify that the deponent has acknowledged that he/she knows and understands the declaration which was sworn to before me and the deponent's signature was placed thereon in my presence at

on D D M M Y Y Y Y

Commissioner of oath signature

Date D D M M Y Y Y Y

Commissioner of oath stamp

Full name

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