

M2.21 Affidavit of Additional Dependant



Affidavit to be completed by dependant to be registered as additional dependant

PROSPECTIVE DEPENDANT																	
SURNAME																	
FIRST NAMES																	
ID NUMBER													AGE	Y	Y	M	M
MEMBER NUMBER																	
<p>I, the undersigned, hereby warrant that all answers given in this declaration are true, correct and complete in every aspect.</p>																	
WHY DO YOU CONSIDER YOURSELF INCAPABLE OF SUPPORTING YOURSELF?																	
WHY DO YOU CONSIDER THE MEMBER TO BE LIABLE FOR YOUR MAINTENANCE?																	
ARE YOU CURRENTLY EMPLOYED	YES <input type="checkbox"/>					NO <input type="checkbox"/>											
IF YES, PLEASE PROVIDE DETAIL OF POSITION AND GROSS MONTHLY INCOME:																	
POSITION																	
GROSS MONTHLY INCOME																	
IF NO, PLEASE PROVIDE DETAIL OF LAST POSITION AND GROSS MONTHLY INCOME:																	
LAST POSITION																	
GROSS MONTHLY INCOME																	
DO YOU CURRENTLY RECEIVE A PENSION/SOCIAL GRANT	YES <input type="checkbox"/>					NO <input type="checkbox"/>											
PENSION/GRANT AMOUNT																	
OWN MONTHLY NET DISPOSABLE INCOME AS PER M2.24																	

DECLARATION BY MEMBER AND COMMISSIONER OF OATHS			
DEPENDANT	I,	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	DATE		
	SIGNATURE		
THE DEPENDANT ACKNOWLEDGES THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. SWORN/AFFIRMED AND SIGNED BEFORE ME:			
COMMISSIONER OF OATHS	NAME		
	ADDRESS		
	DATE		
	SIGNATURE		OFFICIAL STAMP