



Affidavit to be completed by Member on registration of an additional adult dependant (including a child age 26 and over)

APPLICATION FOR REGISTRATION OF AN ADULT																					
MEMBER PERSONAL DETAILS																					
SURNAME																					
FIRST NAMES																					
ID NUMBER													DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF APPLICABLE													COUNTRY OF ISSUE								
MEMBER NUMBER													OPERATION / SECTION								

I, the undersigned, hereby warrant that all answers given in this declaration are true, correct and complete in every aspect.																
NAME OF PROSPECTIVE DEPENDANT																
ID NUMBER																
RELATIONSHIP OF PERSON TO YOU																
WHY DO YOU CONSIDER YOURSELF LIABLE FOR MAINTAINING THIS PERSON?																
MONTHLY AMOUNT SPENT TOWARDS LIVING EXPENSES OF THIS PERSON?																
DO YOU RECEIVE ANY ASSISTANCE TOWARDS THE MAINTENANCE OF THIS PERSON?	YES				☐				NO				☐			
IF YES, PLEASE PROVIDE DETAILS																
MONTHLY INCOME OF THIS PERSON, INCLUDING PENSION																
HOW LONG HAVE YOU BEEN MAINTAINING THIS PERSON?																
DOES THIS PERSON STILL LIVE PERMANENTLY IN YOUR HOME?	YES				☐				NO				☐			
IF YES, PLEASE PROVIDE DETAILS OF THIS ARRANGEMENT																
IF NO, PLEASE PROVIDE DETAILS																
WHY SHOULD THIS PERSON BE REGISTERED AS YOUR DEPENDANT RATHER THAN AS A MEMBER ON ANY COMMERCIAL/OPEN SCHEME?																

DECLARATION BY MEMBER AND COMMISSIONER OF OATHS			
MEMBER	I,	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	DATE		
	SIGNATURE		
THE MEMBER 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