AFFIDAVIT FOR THE PRINCIPAL MEMBER OR PARTNER'S SIBLINGS, PARENTS, GRANDCHILDREN, NEPHEWS, NIECES AND CHILDREN OVER 21

Instructions

It is imperative that all sections of this application form be completed in full. Failure to do so will result in the form being returned to the applicant, which will cause delays in the processing of the application.

Please send the completed form to: membership@bpmas.co.za

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS.

MEMBER DETAILS

Membership number			
Title		Initials	
Surname			
First name			
Employee/Pension number			

GENERAL INFORMATION

Dependant's initials		Gender of dependant	☐ Male	☐ Female
Dependant's surname				
Dependant's first name				
Dependant's ID/passport number				
Dependant's date of birth		(DD/MM/YYYY)		
Relationship to member/spouse/partner				

Registration of a PARENT, BROTHER, SISTER, GRANDCHILD, NIECE or NEPHEW of a member/spouse/partner is subject to the member/spouse/partner being liable for family care and support. **Please note that this affidavit must be submitted on an annual basis.**

1. What is the reason for wanting to register the dependant on the BP Medical Aid Society?

GENERAL INFORMATION (CONTINUED)

2. Are you financially responsible for the dependant's daily living expenses? ☐ Yes ☐ No

AFFIDAVIT

I, _____ , confirm that all of the information on the previous page is true in every respect. I understand and agree that the consequences of submitting inaccurate information could result in the:

- forfeiture of all benefits from the Society;
- refunding in full of all amounts for benefits/services paid on my behalf by the Society; and
- waiving of my right to claim a refund of any contributions paid by me to the Society.

Member signature

Date
DD/MM/YYYY

Dependant signature

Date
DD/MM/YYYY

THIS SECTION TO BE COMPLETED BY A COMMISSIONER OF OATHS

Name of Commissioner of Oaths

Signature of Commissioner of Oaths

Date
DD/MM/YYYY

Stamp of Commissioner of Oaths

12/2025