



AFFIDAVIT FOR PROOF OF FINANCIAL DEPENDANCY

This affidavit serves to confirm that:

I _____ (principal member)
would like to state that my (brother/sister/parent) _____
is/are financially dependant on me and therefore want to add him/her onto my medical
aid.

Signed _____ (Principal member)

At _____ on this _____ day of _____ 200__

Please note that this document must be signed in the presence of a Commissioner of Oaths
by the deponent who has acknowledged that he/she knows and understands the contents
of this affidavit.

Before me _____ (Commissioner of Oaths)