

SWORN DECLARATION

REGARDING PREVIOUS MEDICAL SCHEME HISTORY

I, (initials and surname) _____

with identity number _____

and Spouse /dependant (initials and surname) _____

with identity number _____

herewith declare under oath that I was a member/dependant of the following medical aids for the periods, as indicated:

Name of Medical Scheme	Registered from To	Name of Employer (if applicable)	Employed from To

I declare that the above information is, to the best of my knowledge, complete and correct. I further declare that reasonable efforts have been made to obtain documentary evidence of such periods of creditable coverage but have been unsuccessful. I also undertake to provide Selfmed Medical Scheme with any additional proof, that I have in my possession, to support these statements.

I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place _____ Date _____ Time _____

Signature of applicant _____

I certify that the above statement was taken in my presence and that the deponent has acknowledge that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponents signature/thumb print was placed thereon in my presence.

Signed at _____ on the _____ day of _____ 2019