

Tel: 0860 787 372
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Selfmed Medical Scheme
PO Box 5543
Tygervalley 7536
Reg. No: 1446

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 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.

Signed on this _____ (day) of _____ (month) 2018 at _____

Signature of Applicant

COMMISSIONER OF OATH STAMP HERE

COMMISSIONER OF OATH

In the absence of being able to provide the Scheme with proof of all previous medical scheme coverage, the applicant will be required to have this declaration certified by a Commissioner of Oaths which renders this Declaration legally binding.