

**M2.2b - AFFIDAVIT  
DE BEERS BENEFIT SOCIETY**

**APPLICATION FOR REGISTRATION OF A CHILD OVER THE AGE OF 21**

Name of Member: \_\_\_\_\_  
Membership Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, hereby warrant that all answers given in this declaration are true, correct and complete in every aspect.

Name of child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Why is your child not able to maintain him/herself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly amount spent on the maintenance of this child. \_\_\_\_\_

Do you receive any assistance towards the maintenance of this child? \_\_\_\_\_  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly income of child: \_\_\_\_\_

Does this child still live permanently in your home? \_\_\_\_\_  
If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If due to a mental or physical disability, please attach a suitable doctor's report detailing the extent of the disability.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Print Name**

I certify that the Deponent signed this declaration in my presence at \_\_\_\_\_  
on this the \_\_\_\_\_ and has acknowledged:

- i) that he/she knows and understands the contents of this declaration;
- ii) that he/she has no objection/objects to taking the prescribed oath; and
- iii) considers the prescribed oath to be/not to be binding on his conscience; and

uttered the words "I swear the contents of this declaration are true, so help me God / I truly affirm that the contents of the declaration are true".

\_\_\_\_\_  
Commissioner of Oaths