

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

**APPLICATION FOR REGISTRATION OF A PARENT, BROTHER OR  
SISTER**

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 prospective dependant: \_\_\_\_\_  
Relationship of this person to you? \_\_\_\_\_

Why do you consider yourself liable for maintaining this person? \_\_\_\_\_  
\_\_\_\_\_

Monthly amount spent on the maintenance of this person: R \_\_\_\_\_

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

Monthly income of this person: R \_\_\_\_\_

How long have you been maintaining this person? \_\_\_\_\_

Does this person live in your home? \_\_\_\_\_  
 If yes, please provide details of this arrangement: \_\_\_\_\_  
\_\_\_\_\_  
 If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Why should this person be registered as your dependant rather than as a member on any commercial/open scheme? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**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