



AFFIDAVIT

(To register a 'partner' as a dependant on the De Beers Benefit Society)

A registered medical scheme
Registration no. 29/4/2/1068

We, the undersigned,

MEMBER

Name: _____

Identity Number: _____

Address: _____

Policy number: _____

PARTNER

Name: _____

Identity Number: _____

Address: _____

hereby declare under oath:

1. That we have a committed and serious relationship akin to marriage.
2. That we are mutually dependent and that we share a common household.
3. We undertake to notify the De Beers Benefit Society in writing immediately should the relationship between us cease to be one of mutual dependency or should we no longer share a common household.
4. We therefore request the De Beers Benefit Society to register
_____ as a partner and a dependant of
_____ at the Society.

MEMBER

PARTNER

Sworn and signed before me at _____ on this _____
day of _____ 20____ by both deponents who declare that they
read and understand this declaration and regard it as binding on their
conscience.

COMMISSIONER OF OATHS