

## MONTHLY STATEMENT OF INCOME AND EXPENDITURE OF MEMBER/DEPENDANT

Please note: Non-disclosure or false inform	ation could resul	t in cancellation of t	he membership of both the dependant and the principal memb	oer.
Name of principal member				
Medical scheme				
Membership number				
Name of dependant				
Residential address of dependant				
nesidential address of dependant				
				_
			Expenditure	
Income	Member	Spouse	Groceries	R
Salary	R		Entertainment	R
Commission	R		Telephone	R
Investment income	R		Medical Expenses	R
Pension	R		Rent/rates/electricity/water	R
Retirement annuities	R		Transport	R
Contribution by principal member	R		Clothing	R
Foreign income	R		Maid/ gardener	R
Other income (please specify)			Instalment sales/leases	R
	R		Income tax	R
	R		Other expenses (please specify)	
	R			R
				R
Income	R		Expenditure	R
	I	1	Net Income (Expenditure)	R
I hereby certify that the above information	is complete and	an accurate record		
Thereby certary that the above information	ris complete aria	an accurate record.		
5: 1 (5 1)				
Signature of Deponent (Dependa	int)			
Signed and sworn to before me at		on	this the day of 20 TI	he denonent having
acknowledged that he/she knows and unc	lerstands the con	tents of this affidavi	t, has no objection to taking the prescribed oath and considers	the oath binding or
his/her conscience.				
Commissioner of Oaths			Date	
commissioner of outris			Date	

Universal House, 15 Tambach Road, Sunninghill Park, Sandton PO Box 1411 Rivonia 2128 Tel: 011 208 1000 Fax: 011 208 1028 E-mail: admin@universal.co.za Website: www.compcarewellness.co.za





STATEMENT OF ASSETS AND LIABILITIES OF MEMBER/DEPEN			
	it in cancellation of the	e membership of both the dependant and the principal memb	oer.
Name of principal member			
Medical scheme			
Membership number			
Name of dependant			
Residential address of dependant			
			_
		Assets	Cost
Liabilities		Fixed property (Market value R)	R
Mortgage bond	R	Motor vehicles	R
Banks	R	Investments	
Instalment sales/leases	R	(Market value R)	R
Sundry creditors	R	Sundry debtors	R
Income tax	R	Bank balances	R
OIL PLINE / L	R	Cash	R
Other liabilities (please specify)		Other assets (please specify)	
	R		R
	R		R
	R		R
Net Assets	<del>                                     </del>	OR Net Liabilities	R
	R		R
1		1	
hereby certify that the above information is complete and	d an accurate record.		
Signature of Deponent (Dependant)		Date	
Signed and sworn to before me at acknowledged that he/she knows and understands the cor his/her conscience.	on thi ntents of this affidavit,	is the day of 20 The has no objection to taking the prescribed oath and considers	ne deponent havin the oath binding c
Commissioner of Oaths			
Commissioner of Oddis		Date	

+ 0== + 8

X OUT